COMMUNITY ENGAGEMENT
in Humanitarian Action
TOOLKIT

unicef | CDAC NETWORK | GOARN Global Outbreak Alert and Response Network | World Health Organization | CDC CENTERS FOR DISEASE CONTROL AND PREVENTION | IFRC | Collective service Risk Communication and Community Engagement

Community Engagement in Humanitarian Action

Let's CHAT

Foreword

The UNICEF, has joined hands with the Communicating with Disaster-Affected Communities (CDAC) Network, The Collective Service (WHO—World Health Organization), Global Outbreak Alert and Response Network and the International Federation of Red Cross and Red Crescent Societies, US- CDC along with the regional and country-level partners having decades of experience with communities for emergencies prevention and response, to advance community engagement (CE) in humanitarian action.

In recent years, UNICEF and these partners have focused on providing tools and resources that account for emerging trends in the field, help countries and stakeholders mount appropriate humanitarian preparedness and response efforts, and gradually build local capacities to mitigate the impact of humanitarian disasters on people's lives, health and well-being.

The 2014 version of the *Communication in Humanitarian Action Toolkit* has been updated and evolved into *Community Engagement in Humanitarian Action Toolkit* (CHAT) based on Minimum Quality Standards of Community Engagement and Core Humanitarian Standards to better support CE practitioners in a rapidly evolving landscape of humanitarian response. The CHAT serves as a programmatic guidance and compendium of practical tools that can be used by humanitarian practitioners within national governments, civil society organisations and donor agencies, as well as any expert leading and supporting community engagement and accountability efforts in humanitarian programming.

To answer the dynamic and evolving nature of humanitarian programming, CHAT provides guidance tailored to emergencies such as natural hazards, conflict and fragile situations, disease outbreaks and epidemics, and complex humanitarian emergencies.

It also includes an action framework with interactive resources that systematically links community engagement actions for all elements of the Humanitarian Programming Cycle (HPC), including needs assessment and analysis, strategic response planning, resource mobilization, implementation and monitoring, operational review and evaluation.

The CHAT has gone through an extensive revision process including individual assessments with humanitarian partners such as WHO and input from various networks and coordination mechanisms such as The Collective Service and CDAC-Network, which includes Bangladesh, Brazil, Syria and Central African Republic. A participatory country validation exercise was conducted with input from humanitarian organizations and decision-makers within the national governments and civil society, experts leading community engagement interventions, donors, and other partners.

We hope that this new version of the CHAT will help all humanitarian stakeholders better position community engagement into strategies and plans that are aligned with Core Commitments for Children (CCCs), are operational, are supported with institutional capacities and budgets, and will focus on long-term impacts on the well-being and resilience of the communities.

Vincent Petit
Global Lead, Social and Behaviour Change, UNICEF
Silvia Magnoni
Global Coordinator, Collective Service (WHO, GOARN, IFRC and UNICEF)
Marian Casey-Maslen
Executive Director, CDAC Network

Acknowledgements

COMMUNITY ENGAGEMENT IN HUMANITARIAN ACTION TOOLKIT

This updated version of the Community Engagement in Humanitarian Action Toolkit (CHAT) is the result of collaboration among many partners and teams across international development and humanitarian organisations and networks that share joint commitments towards timely, quality people-centered and community-led humanitarian practice. The input of all contributors was sought to technically formulate, validate and add value to the toolkit at every stage of the updating process. This final product has been informed by the perspectives and combined efforts of all teams to ensure it comprehensively avails the collective guidance, tools, and resources to better inform community engagement practice in humanitarian programming.

The CHAT update and review process was convened by UNICEF's Global Social and Behaviour Change (SBC) team, led by Naureen Naqvi (Lead, SBC Emergencies) and Rania Elessawi (Lead, SBC Partnerships) providing overall coordination and technical guidance. Thanks to Anu Puri, who had the arduous task of guiding the revision process that included the writing, consolidating technical contributions and giving final shape to the CHAT. In addition, the team acknowledges the work of Mariana Palavra, SBC Emergency Response Team (ERT), for providing valuable input in the numerous versions of the chapters.

The CHAT updated version would not have been possible without the extensive technical input and resources from partners across the globe, regions and countries. Consultations were co-convened across numerous iterations of the CHAT chapters with relevant stakeholders to validate the technical content. These collaborative efforts have spanned over a year of engagements and include sharing experiences, guidance, technical feedback, and resources.

We are grateful to The Collective Service and WHO global and regional teams for their technical support in reviewing and finalizing Risk Communication and Community Engagement (RCCE) for Disease Outbreaks and Epidemics chapter. We would like to thank UNICEF SBC Regional Advisors for their support in facilitating consultations with country office colleagues who validated various chapters of this toolkit.

COMMUNITY ENGAGEMENT IN HUMANITARIAN ACTION TOOLKIT

CHAT Sections

SECTION 01

Introduction & Overview

Contents

1.1 Introduction

1.1.1
What is the Community Engagement in Humanitarian Action Toolkit (CHAT)?

The Community Engagement in Humanitarian Action Toolkit or CHAT is a compendium of guidance and practical tools that addresses Community Engagement for Social and Behaviour change (CE,SBC) programming needs for natural hazards, conflict and fragile situations, disease outbreaks and epidemics, and complex humanitarian emergencies. This version of CHAT is an updated resource of the May 2015 version. It is aligned with the latest global frameworks, policies and standards including Core Commitments for Children in Humanitarian Action (CCCs). It also builds on existing community engagement resources, guidance, and tools.

Unique Features of CHAT

CHAT is a comprehensive guidance for high-quality CE,SBC in humanitarian action and is aligned to the Humanitarian Programme Cycle (HPC).

CHAT is supported by learning experiences from a decade and extensive evidence collated from the field. The CHAT toolkit provides a strategic shift for renewed focus to scale up CE,SBC within humanitarian action. Moving away from generic guidance and addressing high quality programming needs across different emergencies, the toolkit has full CE,SBC guidance tailored to provide relevant, timely and people-centered interventions in natural hazards, conflict and fragile situations, disease outbreaks and epidemics, and complex humanitarian emergencies. CHAT also links community engagement actions for all elements of HPC, including needs assessment and analysis, strategic response planning, resource mobilisation, implementation and monitoring, operational review and evaluation. It includes up-to-date interactive resources, tools, guidance for well integrated community engagement within the humanitarian architecture. Most importantly CHAT is not considered an afterthought. (⊘ CDAC-Policy Paper-The role of Collective Platforms, Services and Tools to Support Communication and Community Engagement in Humanitarian Action, 2017 and ReEnvisioning, Community Engagement for Behaviour and Social Change in Humanitarian Action, 2020)

CHAT is aligned to Core Humanitarian Standard (CHS) and Minimum Quality Standards and Indicators on Community Engagement (CEMS):

Bringing understanding and interoperability between standards and legal frameworks and humanitarian programming guidance (Sphere Standards/2018, UNICEF's Core Commitments of Children in Humanitarian Action/2022), the toolkit highlights linkages with CHS and Community Engagement Minimum Standards (CEMS).

It includes the Action Framework for CE,SBC actions within HPC and provides a joint advocacy agenda for implementing SBC and AAP. The aim is to improve community engagement practices at scale by linking the humanitarian, peace and development nexus.

CHAT is a guidance for systematic use of social data for action.

Social science has become an important and critical component of community engagement in the crisis context. CHAT provides extensive guidance and tools to use community feedback and improve insights and analysis with explicit focus on social, cultural and structural behavioural determinants. It provides resources for use of evidence for influencing policies and making humanitarian interventions more accountable to the communities it serves.

CHAT is a resource of good practices.

CHAT draws attention to country examples that demonstrate successful application of community engagement and learnings from different crisis contexts. It is designed as an evolving document that will continue to build on its resources and narrative, based on experiences of partners working in CE,SBC.

Composition of CHAT:
The CHAT toolkit is divided into five sections

1

Introduction and Overview

Section 1.1 introduces CHAT, shares who it is meant for and explains how to use it. **Section 1.2** explains CE,SBC and its role in Humanitarian Action, Accountability to Affected Populations and Community Engagement linkages for the field. It outlines global policies, frameworks and standards to which CHAT has been aligned and presents a CE,SBC Action Framework based on Community Engagement Minimum Standards and CHS.

2

Natural Hazards

Section 2 presents a comprehensive package that covers CE,SBC resources, tools and guidance to address geophysical, hydro-meteorological and climatological hazards. It includes the global programming framework, advocacy guidance for institutionalisation of CE,SBC for natural hazards, coordination mechanism, social data for action with guidance for risk analysis and needs assessment, CE,SBC plan with approaches across sectors and cross-cutting areas and Monitoring and Evaluation (M&E). CHAT provides additional guidance on media engagement, documentation and knowledge management. It ends with a checklist that allows users to track processes and tools while planning and implementing their CE,SBC initiatives.

3

Conflict and Fragile Situations

Section 3 deals with conflict situations including armed conflict and civil strife. It provides resources, tools and guidance to mainstream community engagement for peacebuilding. Its sub-sections include a global programming framework for preventing conflicts, advocating for institutionalisation for CE,SBC for sustaining peace, refining the coordination mechanism, updating the social data for action and M&E. There is additional guidance on media engagement for peace, documentation and knowledge management. The section concludes with a checklist for users to track processes and tools while planning and implementing their CE,SBC initiatives.

4

Disease Outbreaks and Epidemics

Section 4 describes key elements and provides resources, tools and guidance for disease outbreaks and epidemic management. It provides information on 15 deadly diseases of the century and reinforces preparedness and response around prioritised risks. It provides advocacy guidance for institutionalisation of Risk Communication and Community Engagement (RCCE). It also shares details on national RCCE coordination mechanisms, social data for action, including behavioural surveillance and a rapid Knowledge, Attitude and Practices (KAP) and RCCE planning and budgeting process with M&E. It provides resources for Infodemic management and effective media engagement while undertaking relevant documentation. The section ends with a comprehensive checklist for RCCE actions.

5

Complex Humanitarian Emergencies

Section 5 explains complex humanitarian emergencies and their characteristics with several how-to tools. It covers issues such as large-scale movements of refugees, migrants and internally displaced persons where CE,SBC can play an important role. This section provides guidance for *response only* (and does not include preparedness) for new emergencies. For ongoing conflict emergencies, use Section 3 to develop and implement comprehensive CE,SBC interventions (from preparedness to response).

KEY TAKEAWAYS FOR CE PRACTITIONERS

- CHAT is a compendium of resources, tools and guidance with tailored and comprehensive packages that address community engagement programming needs for natural hazards, conflict and fragile situations, disease outbreaks and epidemics, and complex humanitarian emergencies.
- All key partners come together to advocate for high quality CE,SBC programming based on CEMS and CHS.

1.1.2
Who is CHAT meant for?

The CHAT toolkit is developed for humanitarian practitioners and experts within national governments, subnational government entities, UN and civil society organisations and donors who are leading and working on CE,SBC interventions. It reaches leaders of humanitarian organisations, heads of humanitarian and development programming and Inter-agency networks, building their capacities at the individual and organisational level.

Each of these categories of users is working in different crisis scenarios, be it natural hazards, conflict and fragile situations, disease outbreaks and epidemics, and complex humanitarian emergencies.

KEY TAKEAWAYS FOR CE PRACTITIONERS

CHAT is a tool for humanitarian practitioners within national governments, civil society organisations and donor agencies as well as experts, who are leading and working on CE,SBC interventions for different kinds of crisis.

1.1.3
How to use CHAT?

CHAT addresses CE,SBC needs in humanitarian action. The current humanitarian context continues to be challenging in not giving enough time for proper planning, implementation, monitoring and documentation of community engagement interventions. The CHAT toolkit provides a rich repertoire of resources, guidance and tools that can be contextualised to most humanitarian settings.

CHAT is an easy-to-use and navigate toolkit that comes in a *tabulated-pull-out* format. The Action Framework outlined in Section 1.2.4 has been used as a template to guide the structure of subsequent sections. The same is illustrated below in simple steps.

A nine-step process on how to use the CHAT

STEPS 1-4: CE,SBC Preparedness for Response

STEP 1

Select the humanitarian section based on country context. Review Section 1, where the Introduction covers details on the structure of CHAT. Meanwhile, the Overview covers the role of CE,SBC, its linkages with AAP, overall standards, frameworks and the Action framework that aligns CE actions for social and behaviour change within HPC.

STEP 2

Understand the humanitarian context and ensure preparedness. Dwell on the nature of the humanitarian crisis, seek more details on context-specific guiding standards, programme framework and linkages with CE,SBC. Plan and prepare for CE,SBC based on the collective action framework before the occurrence of any emergency or disaster. Include a contingency plan which helps stakeholders acquire an advanced level of readiness for specific humanitarian contexts.

STEP 3

Advocate for institutionalisation of CE,SBC/RCCE. Prioritise issues to ensure timely advocacy and building of CE,SBC systems so that these are well mainstreamed across all phases of humanitarian programming.

STEP 4

Identify an already existing local mechanism that could support CE,SBC/Risk Communication and Community Engagement (RCCE) national/subnational interventions under the aegis of the government. Only in the absence of a suitable local mechanism, establish coordination structures that include UN agencies, NGOs, in-country donor organisations and humanitarian agencies working at national and subnational-level, especially locally. This must include civil society organisations that represent marginalised and vulnerable groups. Ensure that a sustained collaborative arrangement with key stakeholders is in place.

STEP 5: CE,SBC data for action

Engage in robust CE,SBC Data for Action, including community feedback and use data to inform HPC elements and phases. Make every effort to include most marginalised and vulnerable communities.

STEPS 6 & 7: Strategic CE,SBC response planning and implementation

STEP 6

Develop a CE,SBC plan that caters to HPC. Follow guidance to develop a comprehensive plan in advance to address CE,SBC needs for all phases of HPC. Adjust response, early recovery and recovery components based on Multi-Sectoral Needs Assessment/Humanitarian Needs Overview (HNO) and additional community feedback. Establish CE sectoral commitments based on Sphere Standards and CCCs and cross-sectoral linkages. Ensure CE,SBC plan builds on behavioural outcomes aligned to sectoral results. As part of the planning process address vulnerabilities related to age, gender, disability and socio-economic status.

Implementation must focus on providing life-saving information, promoting critical behaviours, correcting misinformation and misconception, and re-establish positive/new social and cultural values. The implementation of the plan must be systematic and guided by CHS and CEMS. A mixed channel (multiple communication channels) approach will be required to ensure no one is left behind.

STEP 7

Make media an ally and collaborate with them from the start. This will enhance the trust factor and build relationships with institutions during peace time. The healthy relationship will go a long way in mitigating myths, misconceptions and fake information that can be detrimental to managing any humanitarian crisis.

STEP 8: **Budgeting for CE,SBC**

Budgeting for CE,SBC resources were initiated as soon as preparedness measures and contingency plans were ready. Based on the CE preparedness and response planning, develop a resource mobilisation plan and strategically invest to deliver on collective CE,SBC results. At the very onset of any given crisis, share the resource mobilisation plan with the partners and after making necessary adjustments, disseminate accordingly. Also, ensure that the collective fund-tracking mechanisms are in place under the National Coordination Group for judicious use of resources and management of field interventions.

STEP 9: **Monitoring, evaluation, accountability and learning**

Undertake regular monitoring and evaluation of CE,SBC indicators to help assess links of CE interventions with humanitarian actions, even in periods of grave crisis. Review how these actions support the achievement of social and behavioural results such as protective practices and service-seeking behaviours and provide critical information on behavioural determinants and drivers that must be factored into developing CE,SBC humanitarian programmes. Ensure M&E approach is inclusive, engages affected communities with age, gender and disability perspectives and roll-out a knowledge management plan with allocated resources followed by documentation of learnings to guide future CE,SBC preparedness and response.

In December 2022, CHAT has been launched in SBCC summit. It has interactive features that allow posting of information, uploading of resources and case studies, sharing of feedback and correcting of inconsistencies, if any.

Important Note: Always use Section 1 with Natural Hazards, Conflict and Fragile situations, Complex Humanitarian Emergencies and CE,SBC for UNICEF Country Programme and Emergency Planning Process. In case of multiple overlapping emergencies, it may be worthwhile to draw guidance from multiple sections, especially in complex humanitarian emergencies.

All guidance, tools and resources are embedded in the text. Please follow 🔗 this sign for hyperlinked text and 🔧 this sign for additional resources or tools.

KEY TAKEAWAYS FOR CE PRACTITIONERS

- Planning and implementing CE,SBC during a crisis needs expertise, resources and tools. CHAT provides context-specific guidance with a comprehensive package to be used during natural hazards, conflict and fragile situations, disease outbreaks and epidemics, and complex humanitarian emergencies.
- Structure of CHAT has changed considerably and while there is a common template for sub-sections, it is important that users understand it clearly and are able to access resources, tools and guidance materials.
- Following the nine steps mentioned above to operationalise CHAT will ensure high-quality CE,SBC programming, including for CCCs.
- CHAT, an e-tool, allows interaction that includes sharing challenges and success stories from the field and helps build suitable responses. For more information, connect with the CHAT Team.

1.2 Overview

1.2.1

Community Engagement for Social and Behaviour Change (CE,SBC) and its role in humanitarian action

The year 2020–2021 changed the world forever. Increase in climate related disasters, armed conflict and the COVID-19 pandemic took a staggering toll on human lives with an estimated 6.59 million deaths.

Multilateral agencies, including UNICEF, WHO, WFP and IFRC joined hands to deliver Sustainable Development Goals (SDG). The 2030 Agenda for Humanity which has a people-centered focus with CE,SBC in humanitarian context was seen as a critical link in realising global SDGs. It advocated for systems which worked with communities to ensure their meaningful participation in processes and actions that affected them. It also underscored the importance of preventing risks, addressing the root cause of conflicts and building resilience with an increased role of communities and local civil society organisations.

The World Humanitarian Summit (WHS) of 2016 and the Grand Bargain's commitment to the Participation Revolution encouraged humanitarian actors to adopt reforms that called for Community Engagement. The desired result of this action was sustained behaviour and social change before, during and after a crisis. A collective approach with a planned and resourced component could be designed and implemented with national and local partners. This reinforced the Core Humanitarian Standards (CHS, 2014) that served as a foundation to push the integration of community-centeredness throughout the HPC.

The Inter-Agency Standing Committee (IASC), United Nations Office for the Coordination of Humanitarian Affairs (OCHA) with humanitarian actors advanced systemic reinforcement of the *community engagement (CE)* under humanitarian programming. CE was mainstreamed across sectoral and cross-sectoral guidance and global policy frameworks such as the Sphere Standards (2018), Minimum Quality Standards and Indicators for Community Engagement (2019) and Core Commitments of Children in Humanitarian Action (2020), amongst others.

COMMUNITY ENGAGEMENT

Community Engagement is defined as the foundational action for working with traditional, community, civil society, government and opinion groups and leaders while expanding collective or group roles in addressing issues that affect their lives.

It empowers social groups and social networks, builds on strengths and capacities and improves local participation, ownership, adaptation and communication.

Through community engagement principles and strategies, all stakeholders gain access to processes for assessing, analysing, planning, leading, implementing, monitoring and evaluating actions, programmes and policies that promote survival, development, protection and participation.

SBC: SOCIAL AND BEHAVIOUR CHANGE

SBC: Social and Behaviour Change (SBC) aims to empower individuals and communities, and lowers structural barriers that hinder people from adopting positive practices and societies from becoming more equitable, inclusive, cohesive and peaceful.

Drawing on various disciplines (sociology, psychology, communications and behavioural economics) SBC encompasses any set of strategies and interventions that influences drivers of change and supports local action towards better societies. It helps development practitioners and policy makers to design more effective programmes for reducing poverty and inequity.

It also blends scientific knowledge with community insights to expand people's control over the decisions that affect their lives.

FIG-I&O 1: RATIONALE FOR CE,SBC FOR HUMANITARIAN PROGRAMMING

1 — Acceptance and Trust
2 — Sustainable Behavioural and Social Outcomes
3 — Community-led Humanitarian Action and Programmes
4 — Empowered and Resilient Communities

CE,SBC for Effective Humanitarian Programming

Past emergencies and humanitarian situations have shown how high-quality CE,SBC is non-negotiable for preparedness and response. The alignment as well as application of CE,SBC with international standards and relevant core principles, begins with a human-rights based approach that prioritises meaningful participation and accountability of duty-bearers and rights holders.

Consequently, CE,SBC in humanitarian action calls for examining more complex, cross-cutting and underlying barriers to resilience and community well-being, including societal drivers of inequity, fragility and conflict. It supports well-planned engagement with communities to reduce their vulnerability to different types of crisis while being more inclusive and local in approach.

🔧 **Human Rights Based Approach**

KEY TAKEAWAYS FOR CE PRACTITIONERS

Nothing about us without us

CE is a critical component that draws attention to the importance of communities being listened to, for they have a meaningful role to play in the issues that affect them. The 2030 Agenda is people-centered and calls for ensuring high quality, intense and well-planned CE, BSC interventions. These will help communities recover from the impact of COVID-19 and build resilience to future events.

1.2.2

Standards, frameworks and guiding principles

A people-centred agenda became the foundation, and this foundation reinforced principles of community engagement within global guiding policy frameworks and international conventions, agreements and standards. These included the SDGs (2014), Sendi Framework for Disaster Risk Reduction (UNDRR, 2015), UN Framework Convention on Climate Change—The Paris Agreement, United Nations Environment Program (UNEP, 2016), WHO (International Health Regulations) and the Twin Resolution on Sustaining Peace (2018).

Fundamentals that underpin community engagement are also being translated into policy and programming by the UN Agencies or other international organisations such as UNICEF-Core Commitment for Children in Humanitarian Action -CCCs and IFRC (Disaster Risk Management Policy, 2019).

FIG-I&O 2: NINE COMMITMENTS UNDER CORE HUMANITARIAN STANDARD (CHS), CORE HUMANITARIAN ALLIANCE

FIG-I&O 3: MINIMUM QUALITY STANDARDS AND INDICATORS ON COMMUNITY ENGAGEMENT

(🔗 Minimum Standards and Indicators for Community Engagements, UNICEF, 2019)

PART A: Core Community Engagement Standards	PART B: Standards Supporting Implementation
1. Participation 2. Empowerment and Ownership 3. Inclusion 4. Two-way Communication 5. Adaptability and Localisation 6. Building on Local Capacity	7. Informed Design 8. Planning and Preparation 9. Managing Activities 10. Monitoring, Evaluation, and Learning
	PART C: Standards Supporting Coordination and Integration
	11. Government Leadership 12. Partner Coordination 13. Integration
	PART D: Standards Supporting Resource Mobilisation
	14. Human Resources and Organisational Structures 15. Data Management 16. Resource Mobilisation and Budgeting

They aligned their core guiding framework to include CE,SBC as an overarching organisational mandate and to enhance accountability of at-risk and affected populations.

Core Humanitarian Standard (CHS, 2014) followed by World Humanitarian Summit and Participation Revolution (2016) helped integrate community engagement throughout the HPC and define '*what people/community centered actions*' must be.

However, lack of clarity on '*how to implement Community Engagement*' hampered translation of community engagement programmes on the ground, resulting in inconsistent and unplanned use of policies and frameworks. Many humanitarian actors underscored the need to institutionalise community engagement within organisations or report on community engagement achievements coherently. They were instrumental in developing the '*Community Engagement Minimum Standards*'.

Community Engagement Standards –
Harmonising Community Engagement in Humanitarian Action

BOX-I&O 1: GLOBAL FRAMEWORKS, POLICIES AND STANDARDS: TRAJECTORY OF COMMUNITY ENGAGEMENT (FOR SOCIAL AND BEHAVIOUR CHANGE) IN HUMANITARIAN ACTION

2014   Core Humanitarian Standard (CHS): The CHS was launched in 2014 to provide guidance for connecting communities and people affected by crisis. The standards set out **Nine Commitments** that organisations and individuals involved in humanitarian response must use to improve the quality and effectiveness of the assistance they provide while engaging crisis affected communities through communication, participation, feedback and strengthening of local capacities. **Commitments 3, 4 and 5** aim to mobilise responsive humanitarian action.

2016   World Humanitarian Summit (WHS), Grand Bargain Commitments and Agenda for Humanity: The WHS 2016 was a landmark, taking forward the Agenda for Humanity along with its five core responsibilities for 24 transformations to improve delivery for those caught in humanitarian crises. It initiated changes that were needed in the way humanitarian needs were assessed with risks and vulnerabilities for greater effectiveness and efficiency in humanitarian action. The Grand Bargain Workstream-6 emerged as a Participation Revolution that geared itself to build systematic links between feedback and corrective action so that quality of humanitarian programming could be further refined. The Grand Bargain 2.0 Framework, in 2021 annual meeting reinforced *'quality funding and localisation'* as key future priorities with system-wide impact on the humanitarian eco-system.

2019   Community Engagement Minimum Standards: Recognising the void and need for consistent, harmonised and coherent application of community engagement across crises contexts, UNICEF's Social and Behaviour Change Division led the development of the Minimum Quality Standards and Indicators for Community Engagement (CEMS) through an extensive inter-agency process. For the first time, CEMS addressed issues related to operationalisation of high quality, evidence-based Community Engagement programmes that are scaled in humanitarian and development contexts. Modelled around IASC Minimum Standards, there are 16 core Minimum Standards. Of these 16 core minimum standards, there are six core principles that drive three areas of application: implementation, coordination & integration, and resource mobilisation & budgeting. Guided by a participatory approach, the CE Standards emphasise commitments to strengthen local capacities, community structures and local ownership to improve transparency, accountability and optimal resource allocation across diverse settings.

🔧 **Core Humanitarian Standards**
🔧 **Grand Bargain Framework 2.0 and Annexures**
🔧 **Minimum Quality Standards and Indicators for Community Engagement**

KEY TAKEAWAYS FOR CE PRACTITIONERS

- Community Engagement has been prioritised to achieve the global promise of *leaving no one behind*.
- It is reflected in global, post-2015 humanitarian reform processes that outline new opportunities to reduce humanitarian needs, sustain peace and reach the most vulnerable.
- CHS and CEMS define the *What* and *How* of community centered actions in the humanitarian context.
- CHS and CEMS guide the Action Framework for humanitarian contexts, whether natural hazards, conflict and fragile situations, disease outbreaks and epidemics.

1.2.3

CE,SBC and role of accountability to affected populations

Accountability to Affected Populations (AAP) calls for aid and development organisations to demonstrate responsibility to use power and resources ethically. It places interest of the people and communities they serve at the centre of their decision-making. In practice, this means that families, children and adolescents participate in all decisions that affect their lives, receive the information they need, have mechanisms to share their views and provide feedback to ensure equitable access to aid that is appropriate, relevant and timely. This helps them meet their real and self-expressed needs.

Community Engagement and AAP: delivering a people-centered agenda

Although AAP emerged in the humanitarian context, the opportunities for people to influence their own lives and future while participating in decision-making and voicing their concerns goes deeper and wider. The people-centered approach has community engagement at its core and engages with local national and subnational stakeholders and the most vulnerable by directly linking them to multiple humanitarian and development outcomes. In addition to pursuing positive SBC or making humanitarian

FIG-I&O 4: CE,SBC AND AAP INTERFACE

aid programmes more accountable to at-risk/affected communities, community engagement enhances civic participation and inclusion while contributing to improving governance within institutions and community systems.

INTER-AGENCY STANDING COMMITTEE, OCHA (2016)

defines AAP as an active commitment to use power responsibly **by taking account of, giving account to** and **being held to account** by the people who the humanitarian organisations seek to assist.

(Source: IASC AAP Overview 2016)

Playing a critical role in both crisis and peace times, community engagement is a two-way dialogue between at-risk or affected communities, responsible authorities, humanitarian organisations and where possible, within and between communities. Its primary goal is to meet different needs of at-risk or affected communities while addressing their vulnerabilities so that they can build on their pre-existing capacities and emerge more resilient and equipped to manage recurrent shocks and stressors.

🔧 **(Coming Soon) CE Contribution on SBC and AAP, a Detailed Note That Provides Theory of Change and Clarity on Operational Modalities**

Inclusive approach: Since communities are not homogeneous units, engaging with diverse and most marginalised populations within communities ensures availability of avenues to share accurate, contextualised and timely life-saving information. Indeed, their feedback and participation are integral parts of humanitarian programming. This is based on the principle that meaningful participation of communities is essential and that community engagement actions have power. An inclusive approach can improve the participation and engagement of the most disadvantaged groups and ensure their rights are met and that they have the power to shape crucial perspectives and decisions.

Following six steps can be followed for inclusive approach to FCM:

1   Conduct extensive mapping of affected populations to identify vulnerable and at-risk groups, social and power dynamics, local capacities and opportunities and constraints on engagement.

2   Disaggregate data by age, gender, disability and other diversity factors, such as language.

3   Find out what barriers exist with respect to engaging with minorities and vulnerable groups.

4   Adopt and adapt diverse engagement strategies and communication channels to ensure each group is well represented in activities that are implemented.

5   Identify and assess risks and take protective measures to ensure vulnerable groups have safe, inclusive and equitable opportunities to engage.

6   Make sure that teams implementing AAP and CE activities are diverse and representative of the population and groups they serve.

🔧 **Accountability and Inclusion Tip Sheet, Adapted from Chapter 6, UNICEF AAP Handbook**

A comprehensive method: AAP includes three components related to community engagement: information provision, participation and feedback and complaints mechanisms. Ensuring that the views and feedback from affected populations inform humanitarian programme decisions, and programme actions are fed back to communities, is a central tenet of an accountable approach. This helps in addressing humanitarian needs effectively while making Community Engagement a part of a continuous, long-term and intentional process.

FIG-I&O 5: AAP AND SBC-COMMUNITY ENGAGEMENT ACTIONS

AFFECTED PEOPLE	COMMUNITY ENGAGEMENT	DECISION-MAKING
	Information provision	Senior Leadership of the organisation
	Participation	
	Feedback and complaints mechanisms	Programmes *regular/emergencies*
		Sector/Clusters, HR, Operations and Data Management
	Community Engagement/Social and Behaviour Change (SBC)/ Communication Teams	
Closing feedback loop	Data	Evidence for programming/advocacy
PSEA and sensitive issues		Insight for course correction

DATA MANAGEMENT

☐ SBC accountable actions

1

Information Provision

People in crisis need accurate and timely information so they can make decisions about their lives, especially when communication networks are likely to be disrupted and information on services, safety and family links are needed. Information exchange becomes as critical as financial aid or any other lifegiving support and is most effective when based on information that comes from the community's most trusted sources, preferred channels and voices. Also, information should be in the local language and shared in an engaging format that is timely and relevant.

Humanitarian programming must strive to provide opportunities and platforms for continuous dialogue with those it is designed for. It must engage diverse stakeholders through a two-way communication that includes sharing, listening, reflecting and implementing. Based on the understanding of local context and communication landscape, messages need to be age-appropriate, culturally sensitive and inclusive. They must harness the power of all communication channels, including traditional media, mobile and digital technology. The emphasis must be on face-to-face exchanges that reach a wider cross-section of population.

2

Participation

Regardless of their age, gender, disability and background, communities must be encouraged to express their views, make informed choices and be at the centre of decisions that affect them.

Participation is the first core standard that is well described within CEMS. It suggests that communities must assess their own needs and participate in analysis, planning, design, implementation, monitoring and evaluation of governance, development and humanitarian initiatives. The views and needs of communities must be given due respect in all aspects of policy, planning, research and practice. The standard recognises meaningful participation as a right and is essential for informed decision-making and collective self-determination. Furthermore, it outlines use of established and recognised participatory methods and approaches to ensure participation of communities.

CE can facilitate meaningful participation by identifying key barriers including social, cultural and structural aspects. It considers designing participatory approaches targeted at the most vulnerable and marginalised groups. Participation solutions need to be well integrated across the entire HPC and its six stages that start with understanding the context and go on to cover designing, implementing, monitoring, reporting and evaluating the programme.

🔧 **DG ECHO Operational Guidance-The Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations**

3

Feedback and Complaints Mechanisms

Community feedback matters and evidence shows that feedback and dialogue with at-risk and affected communities leads to better programme performance and ultimately better results at community level. Community engagement entails that the most appropriate approaches are used to listen to their needs, feedback and complaints. This empathetic ability to probe, hear people and connect with them shapes the quality of the two-way interaction/communication and guides humanitarian organisations through their programming cycle.

Feedback and Complaints Mechanisms (FCM) are not the sole and primary focus, even though they contribute to the finalisation of a broader people-centered mandate of humanitarian programming. They handle complaints, including accusations of Sexual Exploitation and Abuse or SEA (e.g DRC 2008, IASC PSEA Task Force 0211); provide

feedback on overall response. This response includes communicating with the affected population in crisis, listening to the affected population at the receiving end of the aid, managing perception issues in humanitarian action, and ensuring affected communities' participation in and ownership of emergency, recovery and development programmes-holding humanitarian actors accountable to the affected communities.

Here it will be important to mark the distinction between feedback and complaint mechanisms since an overlap or duplication between the two can be problematic. For instance, the same channels can be used to submit feedback and complaints. However, a complaints mechanism should be designed, maintained and supported to handle sensitive information, including GBV and SEA. It must look into any grave misconduct by humanitarian staff or implementing partners including fraud, embezzlement and abuse. In case complaints are true, there must be no violation of the organisation's code of conduct. Appropriate disciplinary action must be taken and crimes registered under the national law or any other applicable framework.

🔧 **Inter-Agency Community-based Complaint Mechanisms, IASC**

OPERATIONALISING FEEDBACK AND COMPLAINTS

Some agencies advocate for individual or separate channels feedback and complaints, but others don't. Feedback and complaint mechanism could be one mechanism with stringent procedures for feedback mechanisms to deal with complaints especially sensitive information, including GBV and SEA. This will keep mechanisms more open to being either included in feedback or in specific complaint mechanisms. Since many complaints are also collected from the community as feedback, it is important to identify the difference on categorisation when managing and responding to them. This process includes: (1) A shared understanding of what constitutes feedback and complaints, (2) An agreed protocol and SoP for collecting and sharing data according to each category, (3) A designated person for managing each type of data (feedback, complaints), and (4) An agreed timeframe for resolution according to each data.

Photo credit: © UNICEF/UN0482538/Sánchez

BOX-I&O 2: INFORMATION AND FEEDBACK CENTRES, BANGLADESH, 2017

A multisectoral rapid assessment highlighted an urgent need for mechanisms to refer Rohingya communities—especially women living in Cox's Bazar—to relevant services. In response, UNICEF established 12 information and feedback centres (IFCs).

The IFCs are located in Rohingya settlements to meet the gap in information provision and engagement with affected and host communities. They are supported by community volunteers who engage in face-to-face interviews and conversations as well as facilitate radio broadcasts and community discussions. The IFCs record all feedback using UNICEF Bangladesh's Open Data Kit application to digitise data and make real-time data-sharing possible. Almost 80,000 people visited IFCs in 2018 to obtain information and give feedback, resulting in improved relationships with affected populations. It also raised UNICEF's credibility and standing in the local community.

Setting up and managing a robust feedback system:

The feedback cycle lies at the heart of the people-centered humanitarian approach and follows five sequential steps: design, data collection, data preparation, participatory analysis and action. At the planning stage, the staff and management must be committed to the vision and continuous engagement of FCM. It requires staff time, resources, and the obligation to adapt programmes based on community feedback.

The plan for the FCM, including cost for data collection, analysis and community engagement with communities must be well integrated in the work plans of the staff/organisations. Community members and their representatives must at all times be part of programme planning, design and implementation and monitoring and evaluation process.

The FCM will be effective when designed as an inter-agency mechanism. It will be part of regular humanitarian programming, especially with respect to planning actions and M&E systems. All relevant teams need clarity on their roles in setting up and managing the feedback above system.

FIG-I&O 6: SETTING UP AND MANAGING OF FCM, ADAPTED FROM IFRC AND GROUND TRUTH SOLUTIONS

FCM Step 1-Design: This stage is about designing a systematic and inclusive feedback and complaints system. It covers designing a feedback collection process (e.g., formulating a questionnaire). The vulnerable and excluded must be mapped and involved in the feedback and complaints process. The right set of questions should be formulated and designed post aligning them to programme outcomes and the theory of change. When collecting focused input, communities must be provided with an opportunity to provide feedback on all aspects of humanitarian programming. Pilot-testing survey questions with the communities will ensure that the feedback reflects information needs, perspectives on the relationship with the organisations delivering aid and services and perceptions of outcomes and key results.

FCM Step 2-Data Collection: Determining how to collect data in a cost-effective manner is crucial. Consider the operational environment under which data will be collected and how it is important to assess constraints, opportunities and resources available. The pace of data collection may vary between monthly and quarterly timings. It will depend on the programme's capacity to digest and act on feedback and on how quickly the context and programme evolves.

Channels for data collection must be inclusive. The availability of the internet and mobile devices has increased the reach and improved the collection of feedback and the selection of data collection channels. These are inevitably based on whether vulnerable groups such as women, children, older people or people with disability have access to internet and mobile phones and the capacity (language, literacy etc) to respond to online surveys, phones and/ or SMS surveys.

BOX-I&O 3: CHILD-FRIENDLY FEEDBACK MECHANISM

Nepal Case Study: After the 2015 earthquake, youth reporters were trained by Plan International to report on issues affecting children. Their feedback on information needs and satisfaction levels vis-à-vis their engagement with humanitarian response was collected and their inputs and suggestions reported back to the organisation. In another response, girls and boys were in charge of collecting feedback on the activities in the Child-Friendly Space, including proposed changes or improvements, and they reported back to Plan International. Adolescent girls and boys (11–17 years) led feedback sessions between Plan International and children, where girls and boys could ask organisations and local decision-makers questions about the response and provide feedback on ongoing activities.

🔧 **Child-Friendly Feedback Mechanism: Guide and Toolkit, Plan International**

BOX-I&O 4: METHODS FOR DATA/ FEEDBACK COLLECTION:

Data collection methods should be context-specific, ranging from face-to-face interviews using paper and pen or smartphones to SMS surveys and enumerated calls. Some of the channels used for feedback include:

- hotlines
- information centres
- participation in qualitative/social science research
- call-in programmes on television
- radio programmes
- two-way social media communication
- written communication (email, letters)
- interactive messaging platforms (Facebook, Twitter, WhatsApp)
- Q&A forums, listening sessions
- digital engagement platforms (U-report, RapidPro)
- communities, house-to-house/ home visits (with considerations to risk management and mitigation)
- social network platforms (FBO-supported platforms, community/natural leaders, youth-led, women-led, self-help platforms, informal networks).

Important Note: Ideally, those collecting the data should reflect the community they work with. For instance, in Bangladesh Internews conducted a survey using Rohingya and Bangladeshi enumerators and received different results depending on who was asking the question and how comfortable the person was (with sensitive issues). In contrast, in other environments, communities may have the perception that the aid worker who was not from their community may hold more power and therefore could better influence decision making.

FCM Step 3 – Data Preparation: A vital step in the feedback cycle is data preparation. It includes analysis and prevention, which must be done in a clear, simple and visually compelling format. Data needs to be disaggregated by key characteristics such as gender, age, and country of origin before being analysed and compared with other data sources such as objective measures. Look out for key trends in the data and differences across time and various demographic groups.

FCM-Step 4 – Dialogue: This is the stage where the programme staff makes sense of the data, learns more about what it means and translates it into practical steps for follow-up actions. This involves both internal and external actions as listed below:

TABLE-I&O 1: DATA NEEDS THAT ARE FORMALISED INTERNALLY AND EXTERNALLY

1. Internal meetings to discuss the data and its implications on programmes	Buy-in of the government, local stakeholders and donors is crucial in advance for any significant programme adaptation.
2. Validate solutions with community leaders and representatives before integrating it into the programme	Also discuss it with community leaders and representatives to *sense check* the findings and solutions; and get their buy-in and advice before it is rolled out for the entire community.
3. Engage with communities to seek their views on the findings and on potential programme adjustments	For all the feedback provided by affected populations, the organisations must *close the loop* by providing people with the opportunity to share their views and the reasons that compel them to take certain actions. When sensitive issues arise, they must be dealt with individually to ensure confidentiality and safety. This entails prompt communication of results to communities and provision of information on how to plan the response. Public confidence gets a boost when communication is in synchronisation with micro-surveys and other feedback related tools.

FCM-Step 5 – Action: This step reinforces the fact that information generated th... engagement with communities is used to inform programme decisions. Da... from such processes must be used by leaders and decision-makers to... correction in programmes and advocate for change, ensuring that... centre of the decisions that are made. In some cases, responses... Rather, feedback may be used to get a better understanding of... persistent obstacles that are hampering the quality of service...

Whether action is taken or merely considered, the cycle of d... dialogue is repeated providing a continuous stream of feedb... performance can be tracked for improved programme mana...

Photo credit: © UNICEF/UNI333068/Souleiman
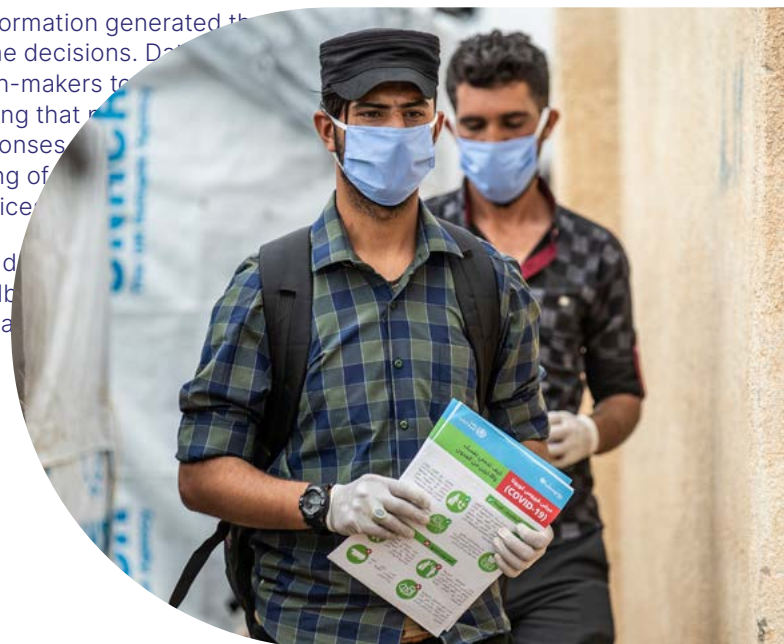
BOX-I&O 5: CDAC NETWORK CASE STUDY: KENYA RED CROSS SOCIETY IVOLUNTEER INITIATIVE, JULY 2015

To support rescue and recovery processes, the Kenya Red Cross Society (KRCS) unveiled iVolunteer, a new digital tool to engage digital volunteers on social media platforms such as Twitter, Facebook, LinkedIn and Blogs in 2012. The initiative led to emergencies and disasters being reported online as soon as they occurred. This contributed not only to a faster emergency response but also to the documentation of emergencies that would otherwise not have been captured.

iVolunteer promoted interest in the activities of the Kenyan Red Cross and allowed for greater engagement with the community. The social media data which the KCRS collected helped the Emergency Operations Centre to make better and more informed decisions about community needs, much before they could respond to a disaster. For example, during the flash floods in Narok, in the South Rift Region, in April 2015, reports came in from digital volunteers. These reports influenced the type of response KRCS organised, as they provided them with a clearer image of the affected area. If displaced people required food or non-food items, these items were sourced much more quickly by a backup team at the KRCS office.

Challenges: Initially, the KRCS social media audience was minimal, so it could not reach as many people as hoped when it first launched. The society now has a wide network with over 401,000 followers on Twitter and more than 101,000 likes on Facebook. The network continues to grow with more engagement through updates and acknowledgements. Authenticating the information shared was a challenge, but this was overcome when the society took a decision to have a 24-hour duty schedule in every branch across the country to verify and authenticate information that was received online. Access to people of different age groups and social classes on social media is challenging. Social media is mainly dominated by people in the 18-34 age group, leaving out the older section of the population. Moreover, not everybody in Kenya could access social media, leading to a gap in reaching those with little to no social media presence.

🔧 **How to Establish and Manage a Systematic Community Feedback Mechanism Along with IFRC and Ground Truth Solutions**

KEY TAKEAWAYS FOR CE PRACTITIONERS

- Community Engagement is linked with AAP and uses systems and communication approaches to listen to the community's needs, incorporating their feedback and complaints in humanitarian programming.
- Community Engagement actions relevant to AAP includes three components: information provision, participation and feedback and complaints mechanisms.
- CFM ensures regular dialogue with at-risk and affected communities, reaching the most marginalised and vulnerable groups and creates the space to express needs. Feedback and complaints mechanisms must address age, gender and people with special needs and use channels that facilitate their participation.
- Feedback and complaints mechanisms must inform planning actions, monitoring and evaluation to support programme improvements for accountability, rights, transparency, trust, and empowerment.

1.2.4
Integrating CE,SBC into the Humanitarian Programme Cycle: An Action Framework

CE in Humanitarian Action builds on the progress made by humanitarian organisations and networks on collective approaches and shares an action framework through which CE,SBC is integrated across the HPC. This step defines minimum CE,SBC interdependent actions for more responsive, relevant and sustainable humanitarian programmes. Through these actions, it is intended that all communities affected and at risk, will have access to life saving information, practice safer and healthier behaviours, be empowered to assess their own needs, and be at the centre of implementing solutions for their communities. The integration of community engagement actions throughout the humanitarian programme process will strengthen community resilience over time. It will also ensure that humanitarian practitioners within a response follow similar and agreed principles and approaches of community engagement for SBC and AAP. They must also be well equipped to train their response to ensure more robust and effective service to the community and to avoid duplication

Emergency Contexts

Recent years have seen crises that have become more frequent and complex in addition to being longer-lasting. This underpins the need for better understanding of multiple hazards (natural and man-made) by identifying the root cause and drivers of risk. Broadly, these include vulnerabilities, existing capacities and exposure to different kinds of shocks and stresses. The scenarios below present a simple classification of hazards.

TABLE-I&O 2: CLASSIFICATION OF HAZARDS

Natural hazards are naturally occurring physical phenomena caused either by rapid or slow onset of events. But not all hazards lead to disasters for they depend on people/society/the environment's exposure to the hazard and vulnerabilities that determines the level of impact Source: Classification of Hazards	**Geophysical** (earthquakes, landslides, tsunamis and volcanic activity)
	Climatological (extreme temperatures, droughts and wildfires)
	Biological (disease epidemics and insect/animal plagues)
	Hydro- Meteorological (avalanches and floods) (cyclones and storms/wave surges)
Man-made hazards are events that are caused by humans and occur within or in close proximity to human settlements	**Armed conflicts, civil unrest,** displaced populations, migration crisis
	Technological hazards including Industrial and transport accidents
	Famine, nutrition crisis
	Environmental degradation, pollution
Complex humanitarian emergencies	Emergencies have become complex and may shift from being acute to long-term; sometimes multiple shocks too can occur at the same time

This classification serves as the foundation for developing the structure and different sections of CHAT

CHAT has been designed to address all hazards that can cause a humanitarian crisis.
It covers natural hazards, including disease outbreaks and epidemics, man-made hazards with a focus on armed conflicts and complex humanitarian emergencies with a emphasis on migration crisis.

Integrating CE,SBC Actions within HPC: An Action Framework: With an increase in opportunities for improved CE,SBC in Humanitarian Action, for the first time *an action framework of minimum CE,SBC key actions has been developed*. The need for community engagement collective programming is grounded in the critical insights presented in the CDAC Policy paper, 2017; UNICEF ReEnvisioning CE,SBC in Humanitarian Action report, 2020. Furthermore, this framework aligns CHS (2014) and the Community Engagement Minimum Standards (2019) to the HPC and ensures that the minimum CE,SBC actions reinforce the quality criteria outlined under both these standards and frameworks.

BOX-I&O 6: THE HUMANITARIAN PROGRAMME CYCLE (HPC)

The Humanitarian Programme Cycle (HPC) was developed by the Inter-Agency Standing Committee (IASC). As part of its transformative agenda, a commitment was made to ensure that humanitarian programmes became more accountable for crisis affected communities. The goal was to ensure they became better prepared and equipped to respond to those in need and demonstrate effective and timely decision-making and planning.

The HPC is an operational framework with an agreed set of actions that are part of the planning, managing, delivering and monitoring process that goes into making up the collective humanitarian response. It is designed as part of the *new way of working*. Its implementation is driven by collectively owned, evidence-based plans rolled out under the direction of Humanitarian Country Teams (HCTs). These teams are led by a humanitarian coordinator (HC) who ensures all concerned humanitarian actors

are working optimally at national and subnational levels in the field. This is an important factor that facilitates a better control on on-ground realities while ensuring accountability for actions. As a single strategic process, the HPC has six elements and two key enablers:

- Six key elements: Emergency Response Preparedness, Needs Assessment and Analysis, Strategic Response Planning, Implementation and Monitoring Resource Mobilisation, Operational Peer Review and Evaluation.

- Two key enablers: Coordination and Information Management.

Each step follows a coherent chronology contributing to successful implementation that considers emergency preparedness and effective coordination between national and local authorities, humanitarian actors, and information management.

Photo credit: © UNICEF/UN0583346

The Minimum CE,SBC Actions

Minimum CE,SBC actions are envisioned as key standard actions due to increased momentum and commitments towards high-quality community engagement from preparedness to different phases of humanitarian response.

It is important to note that CE,SBC must not be implemented in an *ad hoc* manner nor be introduced as an M&E exercise. The minimum CE,SBC actions must be well aligned for HPC with respect to each element and enabler. These actions will then lead to harmonised, high-quality community engagement programming across humanitarian contexts and eventually feed into coherent and sustainable SBC results. These actions are based on the three commitments of CHS (3 and 4 CHS Commitments) and 16 Community Engagement Minimum Standards including Core Standards (6); Standards supporting implementation (4); Standards supporting coordination and integration (3); and Standards supporting resource mobilisation (3).

With these actions, there is more emphasis on systemic integration of CE,SBC into humanitarian preparedness and response by including a planned and resourced component that is designed and contextualised to local needs. It is also implemented with national and local partners while focusing on the following priority actions (adapted from CCCs, 2020).

- **Critical Life-Saving Information:** Ensuring communities have access to life-saving information; information on rights and entitlements, available services and ways of accessing them.
- **Social and Behavior Change:** Supporting the adoption of healthy and protective behaviours, including psychosocial self-care practices, should be an ongoing effort. This will entail promoting peacebuilding and social cohesion activities (including co-existence between internally displaced persons or IDPs and host communities). These efforts will contribute to building trust with local actors to secure humanitarian access to intervention areas.
- **Evidence-Informed Collective Advocacy Actions:** Collective advocacy actions for scaling-up and institutionalisation of community engagement will go a long way in strengthening humanitarian operations and making aid more effective. This will help in delivering coherent results in forging ties and strengthening the humanitarian-peace-development nexus.
- **CE,SBC Data for Action:** Conducting rapid assessments and social and behavioural research to inform response activities to make a case for evidence-based programming. This includes supporting participation of all affected and at risk populations in the intervention design and feedback.
- **Coordination for Improved Community Engagement:** By leading and harmonising efforts related to the coordination of stakeholders, a cohesive and well-planned set of CE,SBC interventions must be implemented. Community engagement platforms can also support and strengthen existing ones as well as scale-up a view to enhance preparedness, response and early recovery.
- **Strengthening of Local Capacities and Engaging with Local Actors to Build Trust:** Investing in capacities of frontline workers will be instrumental in strengthening the level of trust shared with local actors to secure humanitarian access to intervention areas.

These priorities further inform the development of the CE,SBC Action Framework and outline Minimum CE,SBC actions in detail.

These are a minimum set of actions that partners must take to systematise community engagement under humanitarian programmes.

FIG-I&O 7: CE,SBC MINIMUM ACTIONS FOR HPC: AN ACTION FRAMEWORK
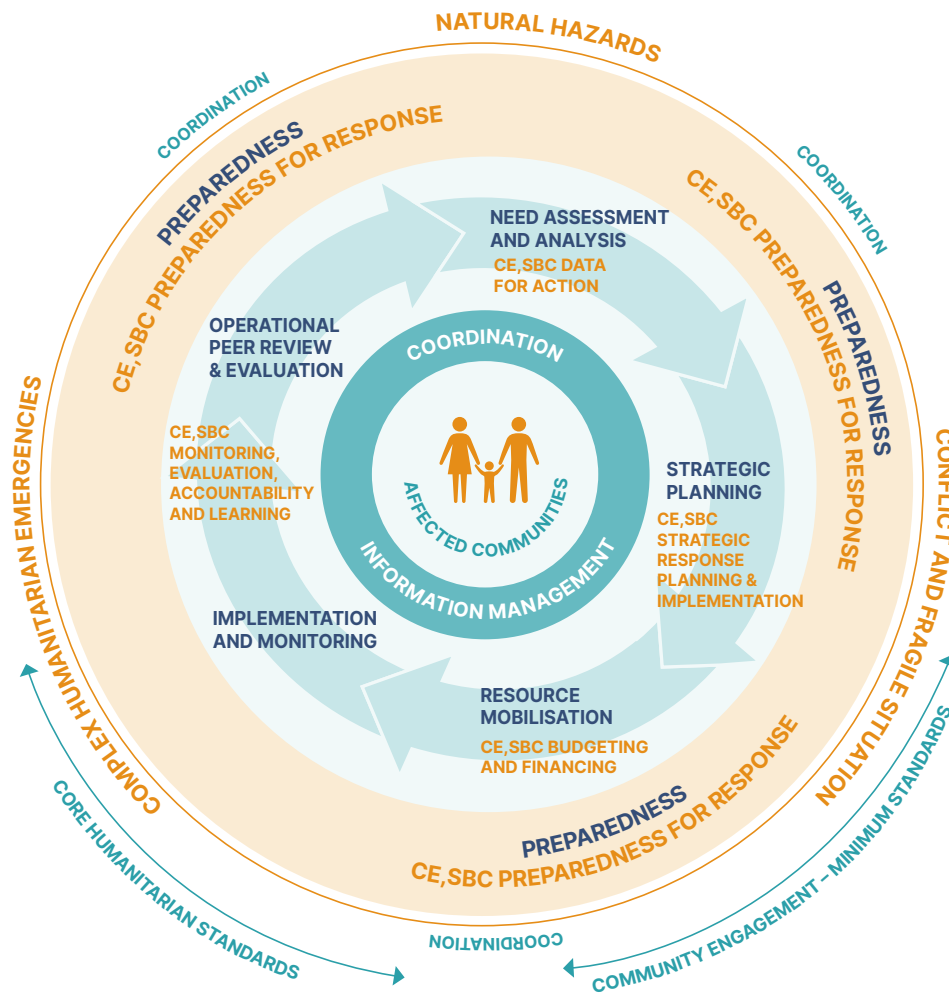
HPC Elements and Enablers	CE,SBC An Action Framework and Minimum Actions	
Elements	**1. CE,SBC Preparedness for Response including Coordination**	**Key Actions:** Understanding humanitarian context, Inter-Agency Advocacy for Institutionalisation of CE,SBC for preparedness including establishing a National Coordination Mechanism for CE,SBC for Humanitarian Action and Contingency Planning.
1. Emergency Response Preparedness		
2. Needs Assessment and Analysis	**2. Social Data for Action including Risk Analysis and Needs Assessment**	**Key Actions:** Community Engagement Component for Risk Analysis, Needs Assessment and Needs Overview.
3. Strategic Response Planning		
4. Implementation and Monitoring	**3. CE,SBC Strategic Response Planning and Implementation**	**Key Actions:** CE,SBC Response Plan with sectoral and cross-sectoral application; and tracking implementation of planned activities.
5. Resource Mobilisation		
6. Operational Peer Review and Evaluation	**4. Budgeting for CE,SBC**	**Key Actions:** HPC stages based CE,SBC Budgeting and Forecasting of resources, Resource Mobilisation Plan, dissemination of the plan and donor engagement & CE Fund Management Dashboard.
Enablers Coordination Information Management	**5. Monitoring & Evaluation and Leaning**	**Key Actions:** CE,SBC Context Specific Theory of Change, Response Monitoring and Reporting and KM Plan.

Integrating CE,SBC within HPC: An Action Framework

TABLE I&O 3: INTEGRATING CE,SBC WITHIN HPC: AN ACTION FRAMEWORK

HPC Elements and Enablers	CHS Commitments	Community Engagement Minimum Standards	Minimum CE,SBC Actions
HPC Elements			
1. Emergency Response Preparedness: Preparedness measures taken prior to a crisis, especially in non–HRP countries, assist in making the response more timely and appropriate to the context and, in some cases, more cost effective. Emergency response preparedness (ERP) involves anticipating emergencies that are likely to occur and putting in place key components well in advance. *Key actions: Coordination, Risk Analysis and Monitoring, Prioritisation of Humanitarian Interventions, Capacity Review and Contingency Planning.*	*3. Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at risk as a result of humanitarian action.* Quality criterion: Humanitarian response strengthens local capacities and avoids negative effects. *4. Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.* Quality criterion: Humanitarian response is based on communication, participation and feedback.	**Core Standards** 1. Participation 2. Empowerment & Ownership 3. Inclusion 4. Two-way Communication 5. Adaptability and Localisation 6. Building Local Capacity **Standards Supporting Implementation** 7. Informed Design 8. Planning and Preparation 9. Managing Activities 10. Monitoring Evaluation and Learning **Standards Supporting Coordination and Integration** 11. Government Leadership 12. Partner Coordination 13. Integration **Standards Supporting Resource Mobilisation** 14. HR & Organisational Structure 15. Data Management 16. Resource Mobilisation and Budgeting	**1. CE,SBC Preparedness for Response** includes minimum foundational actions required by inter-agency humanitarian practitioners to plan and prepare for community engagement interventions ahead of the crisis. Preparedness measures consist of delving deeper into the humanitarian context, developing understanding of behaviours and existing/ prioritised risks, and mapping of partners and their capacities including affected communities. Aditionally, it supports scaling up of CE,SBC at the institutional level in ways that are systematic and spread both vertically as well as horizontally across sectors and cross-sectoral areas. This contributes to ensuring sectors are better prepared with a more appropriate response. Advanced preparedness actions under the CE,SBC plan must incorporate intended behavioural results for stakeholders and their roles and responsibilities. *Key actions: Understanding the humanitarian context, inter-agency advocacy for institutionalisation of CE,SBC for preparedness including establishing a national coordination mechanism for CE,SBC for Humanitarian Action and Contingency Planning.**
Needs Assessment and Analysis provides an evidence base for humanitarian response defining strategic objectives. Later they help with operational planning, staffing and resource requirements. This includes both Multi-sectoral Needs Assessment (MSNA) and Secondary Data Review (SDR) as part of Humanitarian Needs Overview (HNO) analysis based on Joint-Intersectoral Analysis Framework (JIAF). The SDR analysis trends identify data gaps and opportunities for joint analysis with development, peace actors, and affected populations. Through a coordinated approach, data collection is undertaken to support inclusion and appropriate disaggregation by sex, age and disability. *Key actions: Humanitarian Needs Overview including SDR and MSNA.*			**2. CE,SBC Data for Action** addresses the social and behavioural data needs for preparedness and response and includes the community engagement needs component under Risk Analysis and Monitoring, Needs Assessment and Humanitarian Needs Overview. In addition to community engagement, it lays emphasis on feedback from at risk and affected populations and inclusion of their views on immediate needs, priorities, and long-term needs to reflect adequately in both Risk Analysis and Needs Assessment with the participation of different vulnerable and excluded groups. *Key actions: CE,SBC component for Risk Analysis and Multisectoral Needs Assessment, Needs Overview Analysis.*

* Please refer to Coordination component under enabler for details

TABLE I&O 3 (CONTINUED): INTEGRATING CE,SBC WITHIN HPC: AN ACTION FRAMEWORK

HPC Elements and Enablers	CHS Commitments	Community Engagement Minimum Standards	Minimum CE,SBC Collective Actions
HPC Elements			
3. Humanitarian (Strategic) Response Planning: Humanitarian response planning helps the humanitarian community to respond more effectively to the needs of those affected by crisis. It helps focus on activities and resources and ensures organisations work towards the same goals while assessing and adjusting the humanitarian community's response to a changing environment. Humanitarian Response planning involves: (1) defining scope of Humanitarian Response Plan (HRP) and formulating preliminary (outcome-based and reflect short-term to medium term end results/changes in the lives of targeted communities) and specific (immediate needs in people's lives) strategic objectives, (2) response analysis to develop appropriate approaches and activities to achieve those objectives and number of estimated People In Need, and (3) clear roles and responsibilities. *Key actions: Preliminary intersectoral strategic objectives and specific objectives with response analysis.*	*5. Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.* Quality criterion: Complaints are welcomed and addressed.		**3. CE,SBC Strategic Response Planning and Implementation** includes validation of CE,SBC preparedness actions for response plan for *action* at the onset of any given crisis. It could be a CE,SBC integrated plan or CE,SBC component across sectoral commitments under HRP. If required this must be revisited and adjusted to prioritised risks, assessment analysis of social and behavioural drivers and previous learnings, strategic and specific objectives and addressing needs of people estimated to be reached. It must outline clear roles and responsibilities in consultation with CE Partners. It is also imperative that participatory approaches are used to engage affected and at risk communities throughout the planning, implementation and monitoring phase while addressing their vulnerabilities related to age, gender, ethnicity, socio-economic status and disability. These factors may affect people's ability to take part in decision-making processes. Moreover, the Plan must cover behaviour and social change commitments outlined for sectoral application, linked to Sphere Standards and CCCs. *Key actions: CE,SBC Response Plan or CE,SBC response component across sectoral and cross-sectoral areas.*
4. Implementation and Monitoring: Response monitoring is necessary to help humanitarian organisational leadership examine whether sufficient progress is being made in reaching strategic and cluster objectives, provide an evidence base for taking decisions about the future direction of the response, and support resource mobilisation. It is a continuous process with an aim to establish whether aid is actually delivered to affected people as intended and to analyse how and why gaps, if any, exist. The analysis questions if the humanitarian community has done what it committed in the response plan, and if not why and what should be done to address those shortcomings. *Key actions: Finalised monitoring plan and implementation.*			**Implementation** must provide life-saving information, promote or reinforce positive behaviours and re-establish positive social and cultural values. Guided by CHS and Community Engagement Minimum standards, the roll-out of interventions could be undertaken in such a way that ensures community participation and feedback, inclusion, ownership of CE activities and strengthening capacities of local actors. For effective and sustainable CE programming, it will be crucial that investments are made to scale up CE,SBC systemically and through institutionalised channels and networks. An approach that is based on mixed community engagement channels is suggested for use. This addresses needs of different phases of humanitarian context. Key interventions include strengthening systems for CE,SBC Governance and Accountability; Collective Advocacy; Institutionalisation of CE,SBC Capacity Development and Quality Standards and Assurance, Partnerships for At-scale and Convergent Community Engagement Platforms; Building Social Capital for Adolescents and Community Empowerment, Resilience and Sustainability. *Key actions: CE,SBC Response Plan with sectoral and cross-sectoral application; and tracking implementation of planned activities.*

TABLE I&O 3 (CONTINUED): INTEGRATING CE,SBC WITHIN HPC: AN ACTION FRAMEWORK

HPC Elements and Enablers	CHS Commitments	Community Engagement Minimum Standards	Minimum CE,SBC Collective Actions
HPC Elements			
5. Resource Mobilisation: Is about fundraising for the humanitarian response, as outlined in the flash appeal and/or humanitarian response plans. It is also about using pooled funding mechanisms(if present) strategically to fund in line with priorities set in humanitarian response plans.			**Budgeting for CE,SBC in Humanitarian Action:** Mainstreaming CE across HPC for timely and relevant response needs sustained resources. CE,SBC cannot be an ad hoc or one-time effort. Budgeting for CE,SBC requires development of a core set of practices and tools, for systematic investments in mechanisms that integrate government and non-government service delivery platforms and resource all components of community engagement work. This includes, but is not limited to, ensuring resources are available to support results for CE,SBC commitments in national policy, capacity development, private sector and other civil society engagement, community level platforms and network and operational support, among others. Investments in CE,SBC need to be more predictable and aligned to strengthen vertical (sectoral) and horizontal (multisectoral) financing streams to achieve more sustainable delivery of progammes and services across the HPC. *Key actions: HPC stages based CE,SBC forecasting of resources, resource mobilisation plan, its dissemination plan and CE Fund Management Dashboard.*
6.Operational Peer Review and Evaluation: An inter-agency humanitarian evaluation (IAHE) is an independent assessment of L3- collective humanitarian response results by IASC partners. IAHEs evaluate the extent to which planned collective results have been achieved and how humanitarian reform efforts have contributed to that achievement. IAHEs are not in-depth evaluations of any one sector or of the performance of a specific agency, and as such, cannot replace any other form of agency-specific humanitarian evaluation, joint or otherwise, which may be undertaken or required.			**6. Monitoring, Evaluation, Accountability and Learning:** CE,SBC monitoring will complement the overall Humanitarian Response Monitoring TOC (if available). Through this guidance, humanitarian actors will track progress in reaching CE,SBC strategic and sectoral and cross-sectoral committed programme activities and results. CE plays a key role in participation of affected communities in humanitarian programming. It provides agile data for decision-making or course correction via short-term and long-term strategies; and alignment to humanitarian response and recovery programme for affected communities. All opportunities must be used to document learnings and the continuous follow-up to shape behaviours during early recovery and recovery phases. Behavioural impact should be an integral part of the overall humanitarian response evaluation instead of being a standalone aspect. *Key actions: CE,SBC Context Specific Theory of Change, CE, SBC Response Monitoring and Reporting Guidance, a Knowledge Management Plan.*

TABLE I&O 3 (CONTINUED): INTEGRATING CE,SBC WITHIN HPC: AN ACTION FRAMEWORK

HPC Elements and Enablers	CHS Commitments	Community Engagement Minimum Standards	Minimum CE,SBC Collective Actions
HPC Enablers			
Coordination: Effective coordination underpins all elements of the humanitarian programme cycle. It serves to identify and meet priority needs, address gaps and reduce duplication in humanitarian response. It ensures each aspect of the programme cycle is applied as part of a joint effort that uses available resources and capacities. Collaboration, two-way flow of communication, timely meeting of documentation related tasks and outlining of clear roles and responsibilities among various coordination structures are essential to support implementation of HPC.			**National CE,SBC/RCCE Coordination Mechanism:** Bring all stakeholders together and ensure that diverse and relevant partners from different sectors, including UN agencies, NGOs, in–country donor organisations and humanitarian organisations establish a coordination mechanism supporting CE interventions including CEA, CE,SBC, RCCE and CCEA, national/local coordination mechanism, depending on the location of crisis. This must preferably be under the leadership of the government/ Humanitarian Coordination Team and set up as a CE,SBC Coordination Mechanism. It should include CSOs and representatives of at risk communities with coordinated actions on CE,SBC data, planning and monitoring. *Key actions: Lessons Learnt, Case Study and Evaluation Guidance.*
Information Management: Humanitarian information management is the systematic process of collecting, collating, storing, processing, verifying, and analysing data and information, and disseminating it to humanitarian stakeholders. Information management underpins each element of the programme cycle and helps connect these elements by carrying information from one element to another.			Information Management is part of the Social Data for Action. *Refer to point 2-CE,SBC Data for Action for additional information.*

KEY TAKEAWAYS FOR CE PRACTITIONERS

- CE,SBC Action Framework outlines minimum CE,SBC actions for each element and enabler of HPC. This framework must be used while working for community engagement programming needs for natural hazards, conflicts, and complex humanitarian emergencies.
- Health Emergency and Disaster Risk Management Cycle is followed for disease outbreaks and epidemics. Refer to Section 4 for details.

SUGGESTED TOOLS FOR INTRODUCTION & OVERVIEW

🔧 **Human Rights Based Approach**

🔧 **Core Humanitarian Standards**

🔧 **Grand Bargain Framework 2.0 and Annexures**

🔧 **Minimum Quality Standards and Indicators for Community Engagement**

🔧 **(Coming Soon) CE Contribution on SBC and AAP, a Detailed Note That Provides Theory of Change and Clarity on Operational Modalities**

🔧 **Accountability and Inclusion Tip Sheet, Adapted from Chapter 6, UNICEF AAP Handbook**

🔧 **DG ECHO Operational Guidance-The Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations**

🔧 **Inter-Agency Community-based Complaint Mechanisms, IASC**

🔧 **Child-Friendly Feedback Mechanism: Guide and Toolkit, Plan International**

🔧 **How to Establish and Manage a Systematic Community Feedback Mechanism Along with IFRC and Ground Truth Solutions**
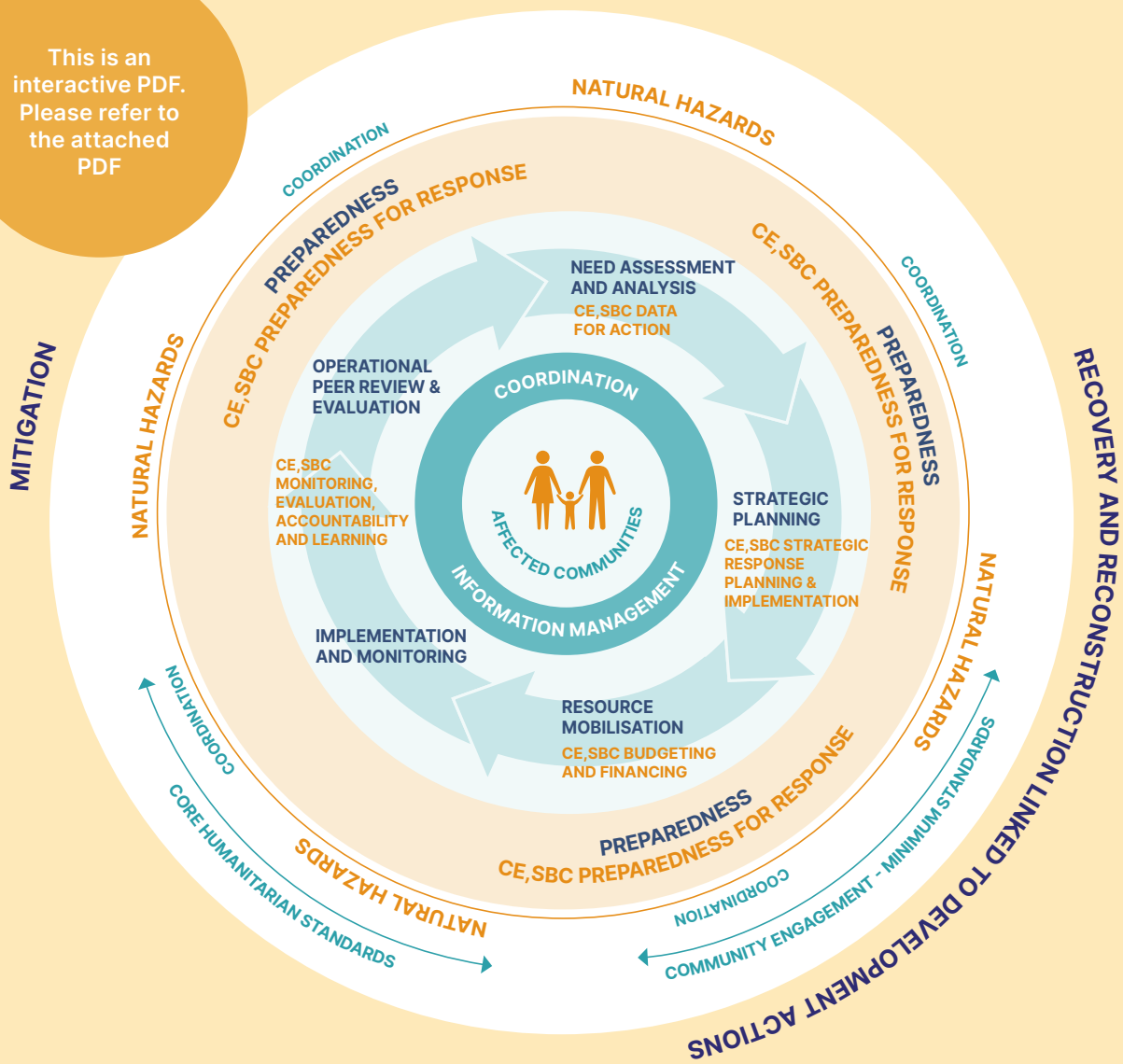
Natural Hazards

Community Engagement for Social and Behaviour Change

This section is guided by the Humanitarian Programme Cycle (HPC) and CE,SBC Action Framework.

This is an interactive PDF. Please refer to the attached PDF

Contents

Understanding the Current Context

2.1
The Context

The occurrence of natural disasters today is three times that of 50 years ago. Moreover, they are are getting unleashed with greater intensity and complexity. Globally, climate induced disasters are resulting in large-scale devastation to life and property with extreme weather events, earthquakes, floods, landslides, droughts and wild fires. Each category of disasters and natural hazards has its share of humanitarian consequences and outcomes.

The vulnerable and marginalised, especially the poor are disproportionally affected by natural hazards and disasters. Loss of natural resources, food insecurity, direct and indirect health impacts and displacement have been on the rise. As many as 59.1 million people across the world were internally displaced in 2021. Most were displaced by climate-related disasters. The recurring nature of disasters cripples communities and leaves the most at risk people in danger of being left behind and their needs not understood fully.

HOW DISASTERS AFFECTED US IN RECENT YEARS

- In the 2010-2020 decade, nearly 83 per cent of all disasters triggered by natural hazards were caused by extreme-weather and climate-related events

- There was a manifold increase in the number and proportion of climate and weather-related disasters

- In 2020 there have been 201 floods, 127 storms, 19 landslides, 16 earthquakes, 9 droughts, 8 wildfires, 5 extreme temperature events and 4 volcanic activities with an estimated impact of 171.3 billion of economic losses and 98.4 million people directly affected

TABLE-NH 1: CLASSIFICATION OF NATURAL HAZARDS

Know more about the specific hazard that is mentioned below. Each one describes definition, sub-disaster types, humanitarian consequences and its outcomes.

Disaster Group	Disaster Sub-Group and Definition	Disaster Type
Natural Hazards: Naturally Occurring Physical Phenomena Caused Either by Rapid or Slow Onset of Events	Geophysical: A hazard caused by short-lived extreme weather and atmospheric conditions that range in scale from micro to meso and last from minutes to days.	Earthquake, mass movement (dry), volcanic activity
	Metrological: A hazard caused by short-lived extreme weather and atmospheric conditions that range in scale from micro to meso and last from minutes to days.	Extreme temperature, fog, storm
	Hydrological: A hazard caused by long-lived atmospheric processes that range in scale from meso to macro and range from intro-seasonal to multidecadal climate variability.	Flood, landslide, wave action
	Climatological: A hazard caused by long-lived atmospheric processes that range in scale from meso to macro and range from intro-seasonal to multidecadal climate variability.	Drought, glacial lake outburst, wildfire
	Biological: A hazard caused by exposure to living organisms and their toxic substances (e.g. venom, mold) or vector-borne diseases they may carry. Examples are venomous wildlife and insects, poisonous plants, and mosquito carrying disease-causing agents such as parasites, bacteria, or viruses (e.g., malaria).	Epidemic, insect infestation, animal accident
	Extra-terrestrial: A hazard caused by asteroids, meteoroids, and comets as they pass near-earth, enter its atmosphere, and/or strike it, and through changes in interplanetary conditions that effect its magnetosphere, ionosphere, and thermosphere.	Space weather

🔧 **Classification of Hazards**

2.2
Natural Hazards Standards, Frameworks and Programming Guidance and Linkages with CE,SBC

Four fundamental Standards and Frameworks guide humanitarian programming in natural disasters and link this programming with reducing risks in development contexts to improve resilience. National Disaster Management Authorities (NDMA) leads humanitarian and disaster risk reduction (DRR) programs at the country level with active support of humanitarian actors. These include other national institutions, Humanitarian Coordinators and teams at UN agencies, iNGOs, NGOs, private sector and academia. (See Table-NH 2)

Important Note: In countries where governments are functioning in constrained mode, Humanitarian Coordination Teams (Humanitarian Coordinators/ Resident Coordinators) are tasked with leading humanitarian programming.

FIG-NH 1: OCCURRENCE OF DISASTERS

(Source: 2020 The Non-COVID Year in Disasters, Global trends and perspectives, UNDRR, CRED, UASID & UCLouvain)

Number of disasters by continent and top 10 countries

Turkey 10
India 11
France 7
United States 23
Europe 41
Afghanistan 7
China 12
Thailand 7
Italy 7
Vietnam 11
Mexico 8
Americas 89
Africa 80
Iran 8
Philippines 9
Asia 161
Indonesia 29
Brazil 7
Oceania 18
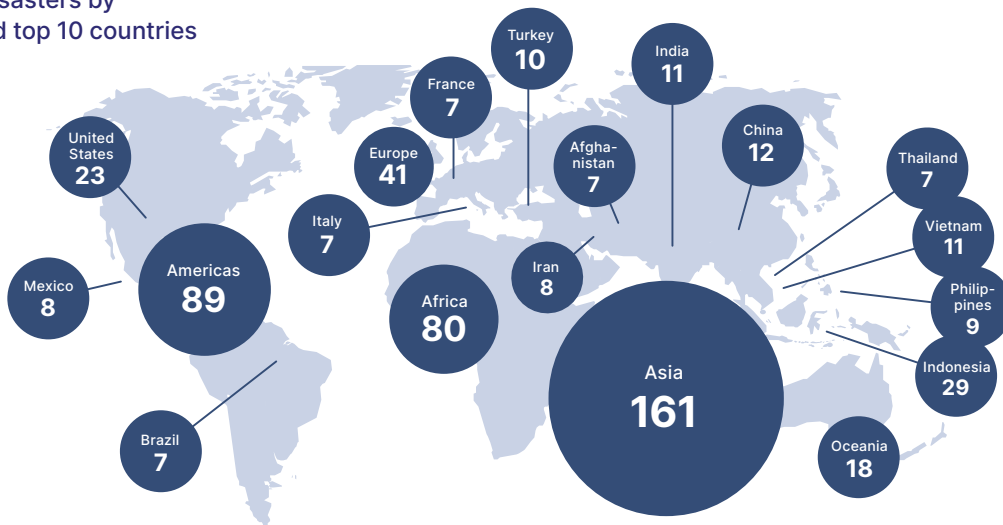
Occurrence by disaster type: 2020 compared to 2000-2019 annual average

368 2000 to 2019 **<** **389** in 2020

Droughts	Earthquakes	Extreme-temperatures	Floods	Landslides	Mass-movements (dry)	Storms	Volcanic activities	Wildfires
2020								2020
8	16	5	201	19	•	127	4	8
17	28	22	163	19	1	102	5	12
2000-2019 average								2000-2019 average
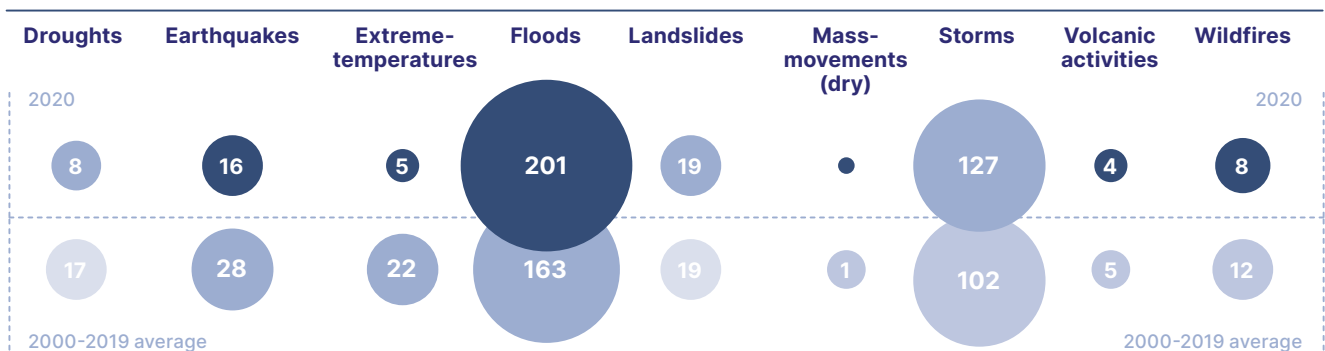
2.2.1
Humanitarian programming and linkages with CE,SBC

The IASC Transformative Agenda includes the Humanitarian Programme Cycle (HPC), Sphere Standards, Core Commitments of Children in Humanitarian Action (CCCs) and the Sendai Framework. Each of these provides guidance to humanitarian needs and disaster risks for much-needed coherence with humanitarian programme preparedness and response outcomes. The HPC and Sphere Standards as well as CCCs are committed to people-centered programming. Further, they outline comprehensive mechanisms to capture voices of affected communities, involving them in designing and delivering humanitarian programmes.

Sendai Framework's Priority 4, highlights the need to link relief, rehabilitation and development with humanitarian response. It uses opportunities during the recovery phase to develop capacities that reduce disaster risks and vulnerabilities in the short, medium and long-term.

Photo credit: © UNICEF/UN0580097/Ramasomanana

TABLE-NH 2: NATURAL HAZARDS-STANDARDS, FRAMEWORK AND PROGRAMMING GUIDANCE

S.No	Standards, Framework and Programming Guidance	Details
1	IASC and HPC	HPC provides a foundational framework that drives humanitarian response for natural disasters and is part of the IASC Transformative Agenda. Under leadership of OCHA, IASC functions as a unique inter-agency mechanism that works through HPC to help humanitarian actors jointly define an agreed set of objectives for preparedness, response and early recovery. It also outlines the roles and responsibilities of all actors supporting crisis affected communities. (🔗 Implementation of Humanitarian Programme Cycle)
2	Sphere Standards: Humanitarian Charter and Minimum Standards for Response	Sphere Standards further govern humanitarian programming for natural hazards. Sphere Standards are principles and minimum standards that aim to improve the quality of response with greater accountability amongst humanitarian actors. As a multisector model and key custodian of standards for humanitarian action, it clarifies minimum standards for local institutions and affected communities so they can survive, rebuild and retain their lives and retain their dignity and self-respect. Sphere Standards also includes Core Humanitarian Standards, the Humanitarian Charter and Protection Principles. (🔗 The Sphere Handbook, 2018)
3	UNDRR and Sendai Framework	The Sendai Framework for Disaster Risk Reduction 2015–2030 (Sendai Framework) is the first major agreement of the post-2015 development agenda that provides concrete actions to protect development gains from the risk of disaster. With the State as a key stakeholder, it focuses on strengthening DRR and preparedness and resilience capacities to ensure that countries can *build back better* in recovery. (🔗 The Sendai Framework to Disaster Risk Reduction)
4	UNICEF and Core Commitments for Children in Humanitarian Action (CCCs)	The CCCs are at the core of UNICEF policy and framework for humanitarian action. Grounded in global humanitarian norms and standards, they set organisational, programmatic and operational commitments and benchmarks. For the first time, they are committing to the CE,SBC agenda and integrating it into humanitarian preparedness and response by including a planned and resourced component designed and implemented with national and local partners and adapted to each context. (🔗 Core Commitments for Children in Humanitarian Action, 2021)

KEY TAKEAWAYS FOR CE PRACTITIONERS

- Recognise that the world is increasingly exposed to hazards aggravated by climate change (floods and storm surges). Year 2020 witnessed 201 floods and 127 storm surges compared to 2000 to 2019 average of 163 floods and 102 storms.
- Strengthen efforts of national governments and NDMAs which work in close collaboration with HCT (Humanitarian Coordinators/Resident Coordinators) to lead preparedness, response and recovery for natural hazards. In countries where governments are functioning in a constrained mode, HCT leads humanitarian programming.
- Make people-centered programming including engaging the at risk and affected communities as part of HPC and thereby reduce disaster risks. Significant efforts are being made to mainstream community engagement through global frameworks (HPC, Sphere Standards, CHS, CCCs, Sendai Framework).
- Make Community Engagement (CE) response centric and link response with both the preparedness and recovery phase. Addressing needs of affected communities and linking recovery and development will help develop capacities to reduce disaster risks and vulnerabilities in the short, medium and long-term.

KEY ACTIONS FOR CE PRACTITIONERS

- Develop an in-depth understanding of natural hazards prioritised as a risk by the national government/ HCT.
- Map and familiarize with global, national frameworks applicable to the country context.
- Meet national governments/ HCT, understand response actions, build consensus on people-centered humanitarian programming and integrate CE,SBC as a core component within National Disaster/ Emergency/ Humanitarian Response Plans for prioritised risks. This will improve overall preparedness and quality of response with clusters and humanitarian actors.

2.3

Advocacy Actions for Integration of CE,SBC for Natural Hazards within National Disaster Management/ Emergency and/or Humanitarian Response Plans

Integration of CE,SBC within National Emergency Plans (NEPs)/National Disaster Management Plans (NDMPs) or humanitarian/CE practitioners is being advocated with renewed focus and momentum. Ever since the World Humanitarian Summit in 2016, engaging communities for adoption of healthy and safe behaviours as well as influencing social norms that underpin community resilience has been a priority for humanitarian actors. This is supported further by evidence that has the potential to lead to better quality CE programs and outcomes when natural hazards strike.

Communities are important stakeholders for fulfilling the advocacy agenda. However, challenges remain in retaining communities as a priority throughout the stages of HPC, particularly for preparedness and recovery as also when garnering necessary institutional support. Integrating CE,SBC within NDMPs/HRPs and operational guidance requires structural changes and multi-year investment in capacities and resources.

The template outlined in this chapter can be adapted to advocate with any key stakeholder on issues related to preparedness and resilience.

Highest administrative and political will is needed to take forward the agenda of institutionalisation of CE,SBC for NDMPs/National Emergency Plans/HRPs: Strategic yet simple actions for field staff are outlined below (Table 2.3) for advocacy and engaging key stakeholders successfully

for mainstreaming CE,SBC in national initiatives. CE,SBC for Natural hazards is not new to NDMAs. The following actions aim to help Humanitarian/Community Engagement practitioners to identify motivations and priorities of disaster management officials and formulate evidence-informed resource plans for advocating integration of CE,SBC. It will be important to include an advocacy component in CE,SBC preparedness for disaster response at the inception stage itself, followed by rolling out of advocacy activities.

TABLE-NH 3: STEPS FOR DEVELOPING AN ADVOCACY PLAN FOR INTEGRATION OF CE,SBC IN NDMP

#	Actions for an Advocacy Plan	Details
1	Knowing your stakeholders	Map and classify stakeholders to clarify who has the power and capability to bring about changes being advocated for. The answer to that question will reveal stakeholders in two groups:
		Primary stakeholders or change-makers They are decision-makers with authority to bring about change directly. They include government officials and decision-makers, disaster management authorities/officials and departments, senior figures in national or local administrations, Members of Parliament and donors. **Secondary stakeholders or influencers** They can influence decisions and comprise largely of the media, community members and leaders, teachers, multilateral organisations, NGOs, research institutes, professional bodies and anyone who advises/informs decision-makers.
		Identify primary stakeholders and encourage them to play an important role in integrating CE,SBC for natural hazards within national plans (NDMP, NEP, HRPs and others). • National and subnational government ministries, authorities and departments that are leading disaster (risk) management • Humanitarian Country Team • Senior management of humanitarian organisations with the mandate to support community engagement and accountability interventions 🔧 **IASC-Guidance for Humanitarian Country Team** **Important Note:** It is assumed that government institutions leading disaster management and responding to emergencies may vary from country to country.
2	Understanding barriers and opportunities facing the stakeholders and collecting evidence	All identified stakeholders have their own roles, needs, barriers and opportunities at national and subnational level and these must be well defined while formalising the advocacy plan. • Questions that need answers: What internal/external challenges do DMAs/DMOs (Disaster Management Officials) face in integrating CE,SBC for natural hazards? • While mapping issues, at national and subnational level, what are the opportunities or entry points that exist that may facilitate greater investment/ownership in CE,SBC for Natural Hazards preparedness, response and recovery? A good understanding of the root causes of opinions and attitudes held by stakeholders will help create a robust stakeholder template with evidence and persuasive advocacy messages. Appropriate evidence must be generated to initiate advocacy, create momentum, and share knowledge efforts and amplify community voices and concerns to strengthen decision-making across levels. Evidence generation processes must be aligned to local needs. 🔧 **Stakeholder Profile Template**
3	Setting objectives, developing a plan and allocating resources	Define the long-term change intended as the goal. Also, outline objectives that are specific to the goal and which must be completed to bring that change. Objectives must be SMART (specific, measurable, achievable, realistic and time bound). Based on barrier analysis and objectives, develop a robust advocacy plan that is fully resourced to ensure implementation of anticipated/forecast-based and planned activities, engagement of decision-makers and influencers for positive outcomes. Anticipatory actions or forecast based hazard response has increasingly proven to be more useful. Furthermore, institutionalisation of CE,SBC can benefit from the same. Prepositioning of hazard-specific key messages, stakeholder identification and capacity-development refresher courses, predetermined set of tasks based on the forecasts (where possible) can save lives and resources.

TABLE-NH 3 (CONTINUED): STEPS FOR DEVELOPING AN ADVOCACY PLAN FOR INTEGRATION OF CE,SBC IN NDMP

#	Actions for an Advocacy Plan	Details
4	Developing and delivering by engaging stakeholders	Public advocacy can be used to exert influence on primary and secondary stakeholders. Media will be an important ally in amplifying key issues and solutions. Other means of delivering messages can include physical interactions with stakeholders (presentations, seminars and workshops), sharing of evidence and knowledge products (investment cases, success stories), and organising learning exchange through exposure visits. All engagement approaches and messages must resonate with important stakeholders. They must be developed based on an understanding of barriers and opportunities as faced by decision-makers or coordinating bodies that influence decision-making. Messages must be evidence based, straightforward and powerful covering what is being proposed, why it is worth doing, and how it will improve the situation while persuading/motivating stakeholders to take action. 🔧 **Advocacy Messages for DMA/DMOs** 🔧 **Advocacy Messages for Senior Management**
5	Monitoring and evaluation	Rigorous monitoring and evaluation must be undertaken to help meet goals and objectives and to reveal what is working/not working; how things can be improved; and what is needed for improvement. M&E can help analyse strengths and weaknesses of advocacy efforts to identify and correct errors, and highlight good practices.

KEY TAKEAWAYS FOR CE PRACTITIONERS

- CE,SBC is yet to be mainstreamed fully programmatically and operationally within Disaster Management Plans, Emergency Plans and/or HRPs and operational guidance.
- Increased investments in CE,SBC are required by DMAs/DMOs, across all phases to ensure better preparedness for disasters. Higher financial outlays will strengthen national planning processes, capacities of local governance mechanisms and give more teeth to local organisations as they engage with at risk and affected communities in participatory planning, implementation and programme monitoring.
- High level political will and advocacy are required to prioritise integration of CE,SBC within disaster/emergency management programmes and operations, across all levels and relevant sectors. This will ensure higher accountability to and meaningful participation of at risk and affected communities.
- Advocacy for integration of CE,SBC should be planned and implemented through a systematic approach calling for an assessment, a resourced plan and activities that are monitored and evaluated.

KEY ACTIONS FOR CE PRACTITIONERS

- Hold discussions with DMA/DMOs/HCT/Clusters and map actions to integrate CE,SBC within national plans Disaster Management Plans, Emergency Plans and/or HRPs) and operational guidance.
- For high level political will and advocacy, develop a resourced advocacy plan and track its implementation through systematic monitoring and evaluation. Engage Govt/HCT in systematic investments for CE,SBC preparedness, recovery and multi-year financing.

2.4
Coordination for CE,SBC for Natural Hazards

A national, central coordination mechanism to support all elements of CE,SBC for natural hazards is critical for improving natural-hazards preparedness and the overall response action. The CE,SBC mechanism must complement the overall coordination approach outlined by UN-OCHA for humanitarian actors and help establish the humanitarian coordination architecture at the country level.

National CE,SBC Coordination Mechanism

The CE,SBC mechanism serves to identify and meet priority needs of the at risk and affected communities; address social, cultural and behavioural gaps; harmonise approaches and minimise duplication in community engagement interventions for preparedness and response. It also ensures all aspects of Integrated HPC-CE,SBC Action Framework (Refer: Introduction and Overview chapter, section 1.2.4-Integrating CE,SBC into the Humanitarian Programme Cycle) are met and applies them as part of joint effort and available resources.

Scope

Endorsement and validation of CE,SBC Coordination Mechanism necessitates finalisation of the terms of reference (ToRs) endorsed by government (DMA/relevant Ministry/HCT) besides having well-defined relationships with clusters (national/local government level) to ensure coordination of operations and implementation of actions outlined in the Integrated HPC, CE,SBC Action Framework.

Working Modalities

Coordination meetings to be conducted under the chairmanship of government/HCT, or at subnational level and as locally as possible. It also addresses urban and rural programming issues and needs with a frequency that is dependent on the crisis context and scale of humanitarian programming.

Roles and Responsibilities of Key Stakeholders

Under the leadership of DMAs/DMOs, CE,SBC Coordination Mechanism must seek participation from IEC/BCC/SBC Divisions of other Ministries/Departments, UN Agencies, iNGOs, Red Cross/Crescent Societies, Media Development agencies, local NGOs, entities that specialise in communications and the private sector.

FIG-NH 2: PROPOSED CE,SBC NATIONAL/SUBNATIONAL COORDINATION MECHANISM

TABLE-NH 4: COLLABORATIVE ACTIONS OF CE,SBC COORDINATION MECHANISM MAY INCLUDE:

5-Ws mapping	Who does what, where, when and for whom (5Ws) relating to CE,SBC in the country. Mapping community engagement mandates and interventions for preparedness and response of partners, and facilitating uptake of harmonising approaches will ensure sustainable survival and safe behaviours; and improve overall programme results. Mapping of community structures, media and other actors as well as their capacities will ensure positive outcomes from preparedness and response activities.
CE,SBC planning to include preparedness and contingency, response and early recovery planning	National CE,SBC Coordination Mechanism to be the lead unit that will support engagement with DMAs, HCT and clusters. It will coordinate integration of CE,SBC actions with Humanitarian Response plans as well as their alignment with CE,SBC implementing partners and their individual organisational mandates.
Local capacity development on CE,SBC for natural hazards	Develop capacities of local government institutions, sectoral and cross-sectoral departments and civil society organisations (especially those representing marginalised and excluded groups) in Minimum CE,SBC actions for preparedness and response. Orientation to integrating CE,SBC in HPC as an action framework to be shared as part of capacity building on CHAT.
CE,SBC and behavioural data for action	Mainstream social and behavioural data through risk analysis and needs assessment survey tools for understanding determinants of vulnerability and inequality. Aditionally, provide critical information while establishing two-way communication considering community perceptions.
Scaling-up harmonised CE,SBC approaches and resources among sectors/clusters	Finalise SoPs for community engagement and IEC materials, briefing notes to influence decision-making and collaboration between stakeholders. At risk and affected communities are engaged through local media and platforms to develop contextually appropriate messages, including collating, reviewing, revising and pre-testing with vulnerable communities.
Monitoring, evaluation accountability and learning	Anthropological/Social Science studies must link themselves with communication culture, behavioural change and specific country contexts. Real time community feedback mechanisms must ensure feedback that informs CE,SBC actions across phases of HPC. Monitoring, evaluation and knowledge management systems should support information on entitlements and feedback on complaints redressal to communities while encouraging dialogue and course correction. This could include Joint-Inter-Agency Feedback Mechanisms that support joint analysis, community-based disaster response needs analysis and alerts.
Rumour management	In humanitarian settings, rumours greatly influence perspectives of community members, especially with misinformation spread over social media, which gets circulated widely and much faster. These rumours cause mistrust and misinformed decision-making. It is important to provide lLifeline training (steered by BBC Media Action) to journalists and aid organisations and make rumour tracking and management an integral part of media management. 🔧 **CDAC-Network Rumour Has It** **Internews-Managing Misinformation in a Humanitarian Context:** 🔧 **Case Study** 🔧 **How to Guide**

Examples of national coordination mechanism

BOX-NH 1-A: NATIONAL COMMUNITY ENGAGEMENT COORDINATION MECHANISM: SHONGJOG, BANGLADESH & DEPARTMENT OF DISASTER MANAGEMENT

(🔗 CDAC-Network: National Platforms, Page number 5-7)

Work towards a systematic approach began in 2013 with the establishment of a Working Group for Communication with Communities in Emergencies (CwCiE). The CwCiE evolved to the Shongjog (*linking*), a wider national, multi-stakeholder preparedness and response platform led by the Department of Disaster Management - with a mission to improve the effective delivery of humanitarian assistance to disaster affected communities in Bangladesh through predictable, coordinated and resourced two-way communication. See its dedicated website at: www.shongjog.org.bd/. A Core Group of nine members included DDM, a government agency, and members from UN agencies, iNGOs, NGOs/CSOs working in Bangladesh, the Bangladesh Red Crescent Society (BDRCS) and BBC Media Action. Flexible funding support was provided from Department for International Development (DFID).

As a result of the Shongjog, CCE was a key part of the Cox's Bazar response from the start. In February 2017 a Communicating with Communities (CwC) coordination group, led by IOM, was proposed for the response to the earlier Rohingya refugee caseload in registered camps (refer to section on Cox's Bazar Working Group or WG). The CwC coordination structure was established in early September with four sub-groups: Info Hubs, Accountability, Radio, and Emergency Communication. Nearly 30 agencies participated in the WG meetings. While there was good engagement by international agencies, involvement of Bangladeshi civil society organisations and local authorities was weak due to language and cultural differences (CwC RTE 2018).

BOX-NH 1-B: GOVERNMENT AND NGO COLLABORATION TO STRENGTHEN A CLUSTER, FIJI WITH MINISTRY OF COMMUNICATIONS

(🔗 CDAC-Network: National Platforms, Page number 11-13)

CCEWG sits within the Communications Cluster under the Department of Information within the Ministry with support of the Fiji Council of Social Services (FCOSS) and UNICEF as co-Leads of CCE WG. Additionally, CDAC National Coordinator provides technical support and works closely with NDMO and Ministry of Communication, with additional support from CDAC Regional CCE Advisor. Many national and international actors are involved as part of WG. There are several good examples of community engagement in Fiji, especially with community leaders, that consider young people, women, the differently abled, elderly, pregnant and breastfeeding women and members of the LGBGT community. Seeking their feedback has not been easy but having a coordinated community engagement that uses multiple channels (hotlines, micro surveys on key indicators, rapid assessments) with focus on analysis of trends and recommendations presents opportunity to strengthen existing systems. Some future priorities now revolve around: strengthening systems and coordination among CCE stakeholders to create further linkages with existing activities (across development and humanitarian/DRR sectors); expanding membership and deepening participation of CCE WG members, across government ministries (Ministry of iTaukei Affairs); supporting ongoing advocacy; providing technical assistance, mentoring and training to improve effectiveness of CCE activities; and expanding roll-out of CCE support at divisional levels.

🔧 **CDAC-Network: National Platforms** 🔧 **ToR for Philippines** 🔧 **OCHA Contingency Template**

KEY TAKEAWAYS FOR CE PRACTITIONERS

- CE,SBC National/Subnational Coordination Mechanism must be established under the leadership of relevant DMAs. While working closely with the Government, the mechanism must keep HCT regularly informed about overall progress and contributions of CE,SBC interventions. In the absence of a relevant ministry or department, the CE,SBC mechanism can be established under the HCT leadership.
- In countries where governments are functioning in constrained mode, CE,SBC coordination could be formalised under HCT.
- These coordination mechanisms must actively engage with clusters/sector WGs and ensure activities are aligned with Integrated HPC-CE,SBC Action Framework.
- In addition to having focal points supporting cluster-led interventions, participants of WGs must be diverse and able to support community engagement interventions from short-term and long-term perspectives.
- Coordination must be applied across each aspect of the Integrated HPC-CE,SBC Action Framework and include interventions such as 5 W's mapping to avoid duplication of efforts. These include: 1) CE,SBC Contingency Plan, local capacity development for CE,SBC, 2) Social Behavioural data for action, and 3) Scaling up harmonised approaches and resources across sectors/clusters and Monitoring, Evaluation, Accountability and Learning.

KEY ACTIONS FOR CE PRACTITIONERS

- Support/facilitate establishment of CE,SBC coordination mechanism under leadership of National/ Subnational DMAs/DMOs/HCT.
- Participate in coordination meetings and contribute in:
  - Mapping CE,SBC competencies for Natural Hazards to determine strengths, gaps and ways of collaborating at National and Subnational level.
  - Maintain mapping of community networks and influencers nationally.
  - Outline institutional and implementing partners' accountabilities.
  - Develop CE,SBC Preparedness Contingency Plan with linkages to CE,SBC Strategic Response Plan.

Photo credit: © UNICEF/UNI187823/Panday

2.5

CE,SBC Data for Action: Integrated CE,SBC within Risk Analysis, Needs Assessment and Humanitarian Needs Overview Analysis

Socially, culturally and economically marginalised groups in areas prone to natural hazards are likely to suffer the most. Many social groups such as the poor, elderly, women and local language speaking residents, among others lack access to rights, resources and opportunities. This makes them more vulnerable to disasters as they are slower in recovering from harms caused by earthquakes, floods, hurricanes, or bushfires and are also unable to deal with them adequately.

With an understanding of who is vulnerable; systematic efforts can be made to reduce vulnerability and damage when extreme events occur. It is critical to identify data needs and have an analytical framework that includes historical data, trend data, cross-sectional data, seasonal variation data, behavioural data and others. This would help in an in-depth understanding of factors such as wealth, education, governance, technology, age, disabilities, vulnerabilities associated with social norms and discrimination, and intersectional identities that enhance/ reduce people's ability to cope with such hazards. Inclusive approaches to community engagement for disaster preparedness and response help address systemic vulnerabilities.

Under HPC, the Community Engagement Data for Action creates a holistic social and behavioural evidence base addressing long-term social-cultural, political and economic drivers of risk and immediate, crisis-led life-saving information needs. It mainstreams social science to dwell on multidimensional factors and drivers that create susceptibility to the impacts of hazards.

These are often associated with marginalised, excluded groups, including women, children, elderly, differently abled, migrants and displaced populations.

Unlike collecting data at different points in HPC (EPR and Needs Assessment and Analysis), this step in CHAT connects the social and behavioural data of pre-crisis with in-crisis data, ensuring it is community focused. Special emphasis is placed on active participation of communities, strengthening inclusive community engagement and effectiveness and efficiency of humanitarian programmes. It provides a holistic picture of at risk and marginalised group's composition and identity and their particular needs. This informs preparedness actions based on social and behavioural analysis (risk analysis) and establishes linkages with response plan actions to define strategic CE,SBC objectives and implementation plan, including workforce and financial needs for implementation.

HPC ELEMENTS: EVIDENCE BASE UNDER EMERGENCY PREPAREDNESS FOR RESPONSE AND NEEDS ASSESSMENT ANALYSIS

As a preparedness action, risk analysis is one of key actions that identifies risk(s) related to hazards based on their potential and likelihood. Usually undertaken with national authorities and development actors, risk analysis as a country risk profile, strengthens national and local preparedness. Needs Assessment and Joint Needs Overview, provides evidence for humanitarian response.

Aimed as a coordinated assessment and analysis, it ascertains needs expressed by affected communities. It determines key humanitarian issues and gaps which are based on pre-crisis and in-crisis secondary data and guides formulation of the response plan. IASC, the implementation of HPC, July 2015.

FIG-NH 3: CE,SBC DATA FOR ACTION WITHIN HPC
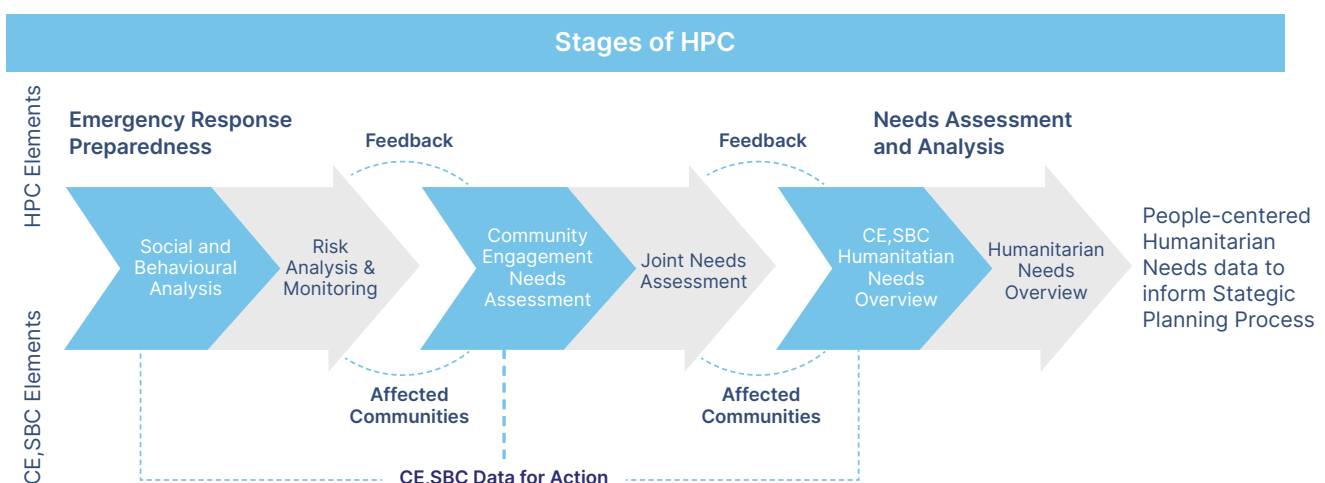
BOX-NH 2: GENDER AND DIVERSITY ARE AN INTEGRATED PART OF SOCIAL AND BEHAVIOURAL ANALYSIS AND COMMUNITY ENGAGEMENT NEEDS ASSESSMENT

(🔗 Adapted from: A Red Cross Red Crescent Guide to Community Engagement and Accountability-page 29)

Gender and diversity is built into the Social and Behavioural Analysis and CE Needs Assessment. The following questions support such needs and analysis:

1. What is the profile of the at risk and affected group (number of households and household members disaggregated by sex and age, number of single male and female heads of household, number of pregnant and lactating women, and number (male/ female) of unaccompanied children, older people, differently abled and chronically ill)?

2. Are there any other potentially at risk/ marginalised/vulnerable groups in the community, such as ethnic minorities, migrants, class or caste groups?

3. Have males and females of all ages, including those from marginalised groups, been consulted and involved in the risk analysis or needs assessment to determine their specific needs, priorities and concerns within sector-specific programming as they relate to dignity, access, participation and safety?

4. Social and Behavioural Analysis and CE Needs Assessment should be carried out through a mixed method approach, including asking programme-specific questions from males and females. Are mechanisms in place to ensure gender and diversity representation and participation of different social groups for inclusive analysis of needs?

5. Assistance selection criteria and prioritisation must be informed by a gender and diversity analysis. Are people with specific needs (single/ heads of households/ differently abled/ pregnant and lactating women/children/older people/ chronically ill included in the selection and prioritisation criteria?

6. What roles are females and males expected to play in each sector (shelter construction, maintenance of water points, latrines and bathing areas, collection of water and fuel)?

7. Do assessment and response teams have a balanced and fair male/female diversity representation? Are specific actions required to create space for women and marginalised groups to participate on response teams? If so, what are these?

A

Social and Behavioural Vulnerability Analysis

Enhanced social and behavioural understanding in the context of natural hazards determines local potential impact of disasters for at risk/marginalised population and for making choices on how to intervene or strengthen local preparedness. Social and Behavioural Vulnerability Analysis (SBVA) is integrated within the Risk Analysis/Country's Risk Profile. The focus of the risk analysis is to identify hazards and rank them as low, medium or high risk based on analysis of several factors, including potential impact and likelihood. SBVA complements risk analysis by directly engaging at risk communities, identifying marginalised and excluded communities and factors that make them vulnerable such as poverty, inequality and discrimination by gender, social status, disability and age psychological factors, and others. It captures local indigenous practices to harness resilience. As a process, it encourages active and meaningful participation of at risk/excluded groups in analysis, humanitarian planning and implementation and empowers them to own their preparedness, response and recovery efforts. SBVA is a complex and intensive process. Refer to Box-NH 3 and to the attached.

🔧 **A Quick Guide for Social and Behavioural Vulnerability Analysis within Risk Analysis**

BOX-NH 3: A QUICK GUIDE TO SOCIAL AND BEHAVIOURAL VULNERABILITY ANALYSIS (SBVA) WITHIN RISK ANALYSIS

Why is SBVA important? SBVA is a systematic and planned evidence generation process. It acknowledges that disaster risk depends on the severity of hazards or the number of people or assets exposed and must include social conditions which increase/decrease people's ability to suffer loss and damage. Therefore, in the context of different hazards, it is important to understand which are those conditions that make some groups more prone to damage, loss and suffering as compared to others and likewise. Additionally, it is important to see which groups of people experience higher levels of vulnerability. Socially marginalised groups find it hardest to reconstruct their livelihoods following a disaster, and this makes them more vulnerable to the effects of subsequent hazard events.

What is a quick guide for SBVA within risk analysis? SBVA is a complex and intensive process with direct engagement with at risk or marginalised communities. A *Quick guide for SBVA* has been developed and attached for humanitarian actors. The purpose of the guide is to provide an overview of the unique role that SBVA can play in complementing risk analysis of natural hazards. By integrating participatory, community-focused elements of social vulnerability and capacity assessment into risk analysis, communities' perspectives and influence can be leveraged throughout the process.

When should SBVA be done? SBVA must complement Risk Analysis and be well integrated from the initial stages. Risk Analysis is undertaken at the planning and preparedness stages of HPC. As soon as risks within the country profile are prioritised, an SBA should be undertaken with communities impacted by such hazards.

Who should be involved in the SBVA? Like risk analysis, SBVA should be undertaken with national authorities, development partners, CE practitioners, community-based organisations, media organisations and the private sector. It should also work directly with marginalised and excluded community groups that are vulnerable to hazards prioritised under the risk profile.

What are the stages of SBVA: Following stages of SBVA are aligned with risk analysis:

Stage 1	Stage 2	Stage 3	Stage 4
Planning and Preparation	Implementation	Analysis	Use of SBVA and Findings: Inform CE,SBC, Strategic Preparedness and Response Plan

B

CE,SBC Needs Assessment within Joint Needs Assessment

A multisectoral, Joint Needs Assessment provides the evidence base for humanitarian response. It is used to ascertain the crisis context, prioritise the needs of affected communities, and define strategic objectives, operational plans and resources (human and financial) required. Historically, during the needs assessment, while local communities have been asked about their needs, there is no systematic collection of data related to their information needs or their trusted communication channels/structures/dynamics. This results major gaps in programme effectiveness.

To improve effectiveness and efficiency of community based/CE interventions and overall humanitarian programme delivery, CE,SBC Needs must be integrated into Needs Assessment using participatory approaches systematically and cover social, cultural and behavioural issues related to communities as well as disaggregated variables by age, gender and disability that can impact people's behaviours and capacities. Further, it is critical that different sectoral assessments identify high risk practices and connect with natural hazards with implications on collective and individual behaviours among affected caregivers and communities. These findings will help develop detailed CE,SBC responses in line with Sphere Standards and CCCs for different sectors.

A formal assessment with CE,SBC needs will ensure sectors, such as health, water and sanitation, education, child protection and shelter to be better equipped to meet specific needs of at risk and/or marginalised communities. Refer to Box-NH 4 and to the attached Quick Guide for CE,SBC Needs within Joint Needs Assessment.

🔧 **A Quick Guide for CE,SBC Needs within Joint Needs Assessment**

🔧 **CDAC-Rapid Information, Communication and Accountability Assessment Tool (CADC)**

BOX-NH 4: QUICK GUIDE TO INTEGRATING CE,SBC NEEDS WITHIN JOINT NEEDS ASSESSMENT CARRIED OUT BY CLUSTER LEADS IN CE PRACTITIONERS IN THE FIELD

What is the Quick Guide to CE,SBC Needs within the Joint Needs Assessment? A guidance for collecting social and behavioural data in the context of natural hazards (earthquakes, floods, cyclones, droughts, and bushfires). Questions and guidance provided can be used to enrich data collected in the needs assessment and to understand and address CE,SBC needs, including social, cultural, and behavioural needs, issues, and gaps of an affected population sectorally (Health, Water Supply, Sanitation and Hygiene, Food Security and Nutrition, Shelter and Settlement).

Who should be involved with Joint Needs Assessment with CE,SBC Needs? Under the leadership of HC, needs assessments are a participatory process conducted by a mixed group of stakeholders including national governments, humanitarian actors and local civil society organisations.

🔧 **Joint Intersectoral Analysis Framework-JIAF, 2020**

When should the Joint Needs Assessment be taken up with CE,SBC Needs? As part of MIRA, the CE,SBC Needs should be initiated immediately post sudden onset of the crisis. It should be part of initial secondary data analysis for MIRA and the said analysis should be completed within 72 hours. A MIRA should be finalised within 14 days to inform HRP. The HC and HCT must decide the most suitable timeline in close coordination with the inter-cluster coordination group.

What are the stages of CE,SBC Needs within Needs Assessment: The stages of CE,SBC Needs within Needs Assessment are aligned with JIAF as per the following:

Stage 1	Stage 2	Stage 3	Stage 4
Plan, design, define information needs	Collect qualitative and quantitative data	Conduct joint analysis through structured discussion	Validate

C

CE,SBC Humanitarian Needs Overview

The CE,SBC Humanitarian Needs Overview is envisaged to assimilate all information available on vulnerabilities and capacities, information and communication needs and Knowledge, Attitude, Practices And Behaviours (KAPB) of affected communities. It will be based on existing secondary data derived from KAPB sections/components, communication and information needs sourced from multi-cluster and sectoral assessments.

These would be combined with monitoring data and perception of CE practitioners, local institutions, CBOs and representatives of affected communities, including marginalised groups. This CE,SBC Needs Analysis can be embedded in the humanitarian risk profile of the country and regularly updated along with risk profile as outlined by HCT and DMA/DMOs.

BOX-NH 5: INFORMATION TO CE,SBC HUMANITARIAN NEEDS OVERVIEW

When to conduct CE,SBC Humanitarian Needs Overview ? CE,SBC Humanitarian Needs Overview is fully aligned with Humanitarian Needs Overview timeline and process. As the first step of HPC, it will be done ahead to inform CE,SBC strategic response planning. Few partners/implementing agencies will conduct their own KAPB multisectoral or sectoral assessment and align it with a HPC-CE,SBC Action framework of enquiries to help partners leverage from evidence generated.

What is the purpose of CE,SBC Humanitarian Needs Overview? Primary focus is to identify CE needs, including social, cultural, and behavioural needs, issues and gaps of an affected population based on multiple data sources. Additionally, the primary focus should include prioritising CE needs and providing analysis of available community structures and resources to inform CE,SBC Strategic Response Plan and for improved humanitarian programming.

When should CE,SBC Humanitarian Needs Overview be done? CE,SBC must be conducted as part of the overall Humanitarian Needs Overview. It must be viewed as part of the overview while following the steps adapted from the HPC below to ensure complete alignment with the process:

1. Ensure analysis plan includes indicators for measuring CE,SBC needs and agreed parameters for collecting analysing and sharing information, including systemically establishing community feedback processes and engaging affected people to seek their perspectives on needs and priorities. Additionally, identify how these needs are being met and gaps addressed.

2. Consolidate CE,SBC data and identify information gaps.

3. Undertake a joint CE,SBC analysis, validate and triangulate findings with national counterparts, especially of National coordination partners and affected communities and their families.

4. Ensure CE,SBC findings are included in the dissemination of the outcomes of the humanitarian needs overview and use the findings to inform the CE,SBC Strategic Response Plan and improve quality of humanitarian response.

5. Share findings with people affected by the hazards and engage and help them to actively participate in the review process and use feedback to improve CE,SBC response.

Who does what for CE,SBC Humanitarian Needs Overview? Under the guidance of NDMA, HCT and as part of overall Humanitarian Needs Overview the CE,SBC Humanitarian Needs Overview can be initiated by the National CE,SBC Coordination Mechanism. The CE,SBC must be well mainstreamed as part of sectoral commitments and coordinated with clusters/sector groups, cluster coordinators, technical experts and community representatives-participating in the data analysis process. It will be crucial that all members of CE,SBC coordination mechanism are well engaged and organisational priorities are addressed to help them apply the findings in their response programming. (🔗 Adapted from: Joint Needs Analysis-Humanitarian Needs Overview IASC-Module The Implementation of The HPC, Version 2.0, Page 7)

Photo credit: © UNICEF/UNI192883/Shrestha

KEY TAKEAWAYS FOR CE PRACTITIONERS

- CE,SBC Data for Action creates a holistic social and behavioural evidence base, addresses long-term (social, cultural, political and economic drivers of risk) and provides immediate crisis-led information needs.
- This step in CHAT connects vulnerability data of pre-crisis with social and behavioural data in-crisis data to ensure it is led by communities and is undertaken in a participatory and transparent way to improve quality of community engagement and sustainability of humanitarian programmes.
- CE,SBC Data for Action is aligned to HPC data steps and includes: (a) Social and Behavioural Analysis under Risk Analysis and Monitoring, (b) CE,SBC Needs Assessment within Joint Needs Assessment, and (c) CE,SBC Humanitarian Needs Overview.
- All three elements of CE,SBC Data for Action must be conducted under the leadership of DMAs/relevant ministry/HCT (National and Subnational) and CE,SBC Coordination Mechanism in close collaboration with clusters/thematic groups and affected communities to ensure effective humanitarian programming. Affected communities must provide feedback and validate findings.
- CE,SBC specific indicators must be integrated across clusters and analysis so that data is collected seamlessly with other priorities and analysed.

KEY ACTIONS FOR CE PRACTITIONERS

Under leadership of DMA/Relevant Ministry and HCT and as part of CE,SBC Coordination mechanism take the following steps:

- Advocate to mainstream CE,SBC Data for Action with DMA/relevant ministry and HCT planning processes.
- Ensure social and behavioural data is integrated within country risk analysis and ensure voices and feedback of at risk and affected communities are integrated into the needs and analysis process.
- Use Quick Guide to Social and Behavioural Analysis under Risk Analysis and Monitoring to inform Country Risk Analysis.
- Ensure use of Quick CE,SBC Needs Assessment Guide during Joint Needs assessment and inform CE,SBC Strategic Response Plan.
- Support and contribute in the CE,SBC Humanitarian Needs Overview and follow steps outlined in Box-NH 5.

2.6

CE,SBC Strategic Response Plan and Implementation

With Sectoral and Cross-Sectoral linkages derived from Sphere Standards and CCCs

The CE,SBC Strategic Response Plan must be developed as part of the country HRP to ensure it is aligned with overall assessed needs of affected communities, objectives and strategy. It brings all partners implementing CE,SBC interventions for hazard response together including Communication and Community Engagement or (CCE)/ Community Engagement and Accountability (CEA)/Communicating with Disaster Affected Communities (CwC). In line with HRP, the CE,SBC Strategic Response Plan must include overall CE,SBC response strategy and complementing components for clusters/sector plans.

When should the CE,SBC Strategic Response Plan be developed?

The CE,SBC Strategic Response plan is developed within 30 days of the flash appeal launched for a sudden onset of crisis and builds on the initial planning undertaken as part of CE,SBC contingency planning. The plan should be informed by the overall HRP and cluster/sectoral commitments.

Who does what in the development and implementation of the CE,SBC Strategic Response Plan?

Under leadership of NDMA and in close collaboration with HCT and Clusters/Sectoral groups, the National CE,SBC Coordination Mechanism will guide and lead the CE,SBC planning process. It will provide an oversight for implementation of activities to ensure alignment with humanitarian response commitments and quality programming. Along with CE partners, the plan outlays priorities, designs of overall strategy and cluster/sectoral components. Additionally, implementing partners use the strategic plan to adapt further at the organisational level before rolling out activities in mandated areas.

What is the purpose of the CE,SBC Strategic Response Plan?

In close collaboration with CE,SBC partners, arrive at a common direction and CE,SBC strategic response framework that complements the HRP and cluster/sectoral commitments. This includes:

- Developing consensus on CE,SBC strategic objectives
- Agreeing on cluster/sectoral CE,SBC components
- Providing strategic objectives, indicators and targets for monitoring progress; disaggregating with respect to gender, age and disability and including them to ensure inclusion and participation of the most vulnerable
- Validating identified contextual and institutional risks to the achievement of CE,SBC objectives
- Supporting mobilisation of resources and budgeting for response activities

What are the important criteria for CE,SBC Strategic Response Planning?

- The plan must link preparedness with response actions and have linkages with the recovery process.
- The plan must include provision of information on life-saving practices and rights and entitlements and reinforcement of positive social and behaviour practices.
- The design of the plan takes into account learning from past and sectoral initiatives to ensure more inclusive and scalable CE,SBC response. It must address multisectoral needs of affected communities and include diversity in engagement by ensuring inclusion of gender, age and disability.
- Participation in all steps of planning and implementation process should be embedded to allow communities to participate in decisions, develop a sense of ownership and help affected families to achieve a sense of normalcy in their disrupted system.

TABLE-NH 5: KEY ACTIONS FOR DEVELOPING AND IMPLEMENTING CE,SBC STRATEGIC RESPONSE PLAN

Key Actions	Action Details	Who is Responsible
Coordination Action: National CE,SBC Coordination mechanism lead and guide planning and implementation process	The National CE,SBC Coordination mechanism will work with diverse stakeholders from government, clusters/sectors, UN agencies, NGOs and community representatives to determine: • Behavioural results for objectives and sectoral commitments aligned to the HRP. • Develop CE,SBC Strategic Response Plan with minimum actions, roles and responsibilities of implementing partners, timelines and budgets and monitoring, evaluation, and learning. Accountability is mainstreamed as part of the CE,SBC process.	National CE,SBC Coordination mechanism in consultation with NDMA, HCT, Cluster/ Sectoral Groups and CE,SBC implementing partners
Align CE,SBC Objectives with HRP Action: Define CE,SBC strategic objectives that complement the response plan (national disaster management plan)	Based on community engagement needs assessment and past evidence collated, determine behavioural results and define SMART CE,SBC objectives. These objectives should be aligned with HRP at three levels: • Address risks and community needs. • Support clusters/sectors to achieve their humanitarian response plan objectives (community engagement, behavioural change or service improvements). • Plan and coordinate a humanitarian/programme response delivery with community participation. Refer to the example of Central Sulawesi Earthquake Response Plan (Sept 2018) which highlights CE objectives at sectoral level and improving participation of communities in humanitarian programming response. 🔧 **Definition of SMART Objectives** 🔧 **Central Sulawesi Earthquake Response Plan** 🔧 **HRP Guidance**	National CE,SBC Coordination mechanism in consultation with NDMA, HCT, Cluster/ Sectoral Groups and CE,SBC implementing partners
Coordination Action: National CE,SBC Coordination mechanism lead and guide planning and implementation process	**PRIMARY GROUP: at risk/affected communities among whom behaviour/social change is intended** Primary participant groups are those directly impacted by the crisis and whose behaviour could change or be influenced to reduce risk or to to protect themselves and others (e.g., families, men and boys, young and adolescent girls, mothers and pregnant women). **SECONDARY GROUP: Those who influence at risk/affected communities to adopt change** Secondary group is usually influential and may be responsible for delivering a service and are trusted by the general public (e.g., frontline workers, community members, school teachers, service providers, community and religious leaders, elders/clan leaders and local politicians). **TERTIARY GROUP: Those who help create a supportive /conducive environment for change** Tertiary group refers to those who may be advocating for creating policy or for facilitating organisations of communities (e.g., Health facility staff, women committees, village chiefs, media, policymakers and others). Important to include groups that are already marginalised in the community especially due to age, gender and ability. (🔗 Considering Diversity in participant groups)	

TABLE-NH 5 (CONTINUED): KEY ACTIONS FOR DEVELOPING AND IMPLEMENTING CE, SBC STRATEGIC RESPONSE PLAN

Key Actions	Action Details	Who is Responsible
Incorporate approaches holistically Action: Based on the community and programme/cluster needs, include approaches that save lives and build long-term resilience to disasters.	Even in a humanitarian context, using messages or IEC materials will not be enough to influence sustainable behaviours and create a supportive social environment. Focus of CE, SBC plan cannot be dominated by one-way information dissemination. It may result in increased awareness but have limited impact on improving behavioural and social norms. Therefore, it is important to stimulate shared learning through dialogue, participation and discussions with members of the affected communities. Involving affected families and communities allows them to determine what needs to be done and by whom in the long run, thus, establishing a sense of ownership of the processes in the different phases leading to recovery. This allows groups to support positive behaviour and social changes and employ interrelated, interdependent and interactive approaches to save lives and build long-term resilience to natural disasters. (⊘ Definition of Approaches).	National CE, SBC Coordination mechanism and CE, SBC implementing partners
	1. Community Engagement for Social and Behaviour Change	
	2. Community Engagement on Life-saving information	
	3. Community Participation and Feedback	
	4. Social and Behavioural Evidence Based Collective Advocacy	
Use social data-based messages Action: Develop and use social data-based messages	Communities need to be engaged well in advance and as part of *CE Preparedness for Response Actions*. Based on identified risks and social and behavioural data on at risk/affected communities, ensure dialogue is conducted using culturally appropriate and relevant messages. Also, develop for all prioritised hazards and contextualise them for all phases of the crisis. During this stage, all messages should be assessed among prioritised communities. However, in many emergency situations preparation work has so far not been undertaken. Also, the nature of the emergency takes humanitarian practitioners by surprise. In such a situation, those who were able to prepare earlier will prepare different messages. In other words, generic messages often become the basis for local adaptation. These should be pretested for impact. **The CE, SBC Coordination mechanism in coordination with DMAs/DMOs/Relevant Ministry/HCT and clusters** will amplify use of messages that have been finalised in consultation with CE, SBC implementing partners.	National CE, SBC Coordination mechanism and CE, SBC implementing partners

🔧 **CDAC Network/INFOSAID ONLINE Message Library and Pacific Humanitarian Protection Cluster (PHPC) Quick Guide to Communication on Protection in Emergencies and Sample Key Messages for Protection (2012)**

🔧 **Must Have's for Message Development and Rapid Assessment Cycle for Pretesting and Localising Generic Messages**

TABLE-NH 5 (CONTINUED): KEY ACTIONS FOR DEVELOPING AND IMPLEMENTING CE,SBC STRATEGIC RESPONSE PLAN

Key Actions	Action Details	Who is Responsible
Use social data-based messages Action: Develop and use social data-based messages (continued)	**Message Resources** CDAC Network ONLINE Library of Generic Emergency Messages: The CDAC Network/Infoasaid library of generic messages provides a very useful resource of hundreds of generic messages that cuts across a range of thematic areas relevant to humanitarian emergencies, including: (1) Health, (2) WASH, (3) Nutrition, (4) Food Security, (5) Protection, (6) Education, and (7) Camp Coordination and Camp Management (CCCM). These broad categories can be searched and refined using a range of filters including issues, threats, risk groups and participant group/intended audience. Messages include a focus on alerts, awareness, self-care and service, which reflect the different types of messages that may be required as an emergency evolves. For more information, download *CDAC User Guide and FAQs*. (🔗 https://www.cdacnetwork.org/message-library) Contextualised Bangladesh or South Sudan message libraries are also available.	
A CE,SBC integrated intervention Mix for multisectoral and cross-sectoral response: Action: Develop a joint intervention plan to address both life-saving survival and protective practices.	**Focus of interventions will be three fold** • **Life-saving and survival practices:** It will bring together individual and family behaviours to support survival. They can be related to health, nutrition, shelter and settlements and WASH clusters focusing on providing life-saving, essential information to help communities deal with issues threatening their survival. • **Protective practices:** These will address issues related to breakdown in family and social structures, erosion of traditional value systems, potential violence, weak governance, absence of accountability, inaccessibility to basic social services and displacement. These are related to promoting violence against children and other forms of exploitation, gender equity and learning agenda to deal with the aftermath of crisis. • **High quality CE,SBC programmes for natural hazards:** Work with implementing partners and enhance their technical and operational capacities to effectively communicate risks and engage, empower and enable affected communities to adopt social and protective behaviours.	National CE,SBC Coordination mechanism and CE,SBC implementing partners

TABLE-NH 5 (CONTINUED): KEY ACTIONS FOR DEVELOPING AND IMPLEMENTING CE,SBC STRATEGIC RESPONSE PLAN

Key Actions	Action Details			Who is Responsible
The intervention mix	Interventions designed to complement approaches and phases:			National CE,SBC Coordination mechanism
Action: Adapt interventions for the sectors/cluster commitments	**Phases**	Preparedness, Response and Early Recovery		and CE,SBC implementing partners
	The Mix	Advocacy for Strengthening Systems for CE,SBC Governance and Accountability	Coordination for CE,SBC efficiency and effectiveness	CE,SBC Data for Action: CE Analysis, Needs Assessment and CE Humanitarian Overview including Community Feedback and MEAL4R	
		Institutionalisation for local CE,SBC Capacity Development, Quality Standards and Assurance	Partnerships for at scale and convergent CE platforms (Service-based, Media-based and Facility-based)	Building social capital for adolescents and community empowerment and resilience	
	Intervention framework for sectors and cross-cutting sectors coming soon			
	Clusters	Health	Nutrition	WASH	Child Protection	Education	Shelter	
	Cross-sectors	Mainstream Gender, Age and Inclusion			
		Social Protection	AAP	Cash Transfers	

🔧 **CEMS Self-Assessment Checklist for Capacity Development**

🔧 **CCCs-Sector-wise CE,SBC Commitments and Benchmarks**

KEY TAKEAWAYS FOR CE PRACTITIONERS

- CE,SBC Response Planning process must be aligned with National Plans (Disaster Management Plan, Emergency Plan or HRPs) and led by DMAs jointly with National CE,SBC Coordination. The Plan must ideally build on the contingency plan.
- A community-led, phased approach along with social and behavioural data based, multisectoral and inclusive and strengthening of CE,SBC governance must be guiding principles of the CE Response plan.
- Leadership of DMAs in close collaboration with National CE,SBC Coordination Mechanism should effectively engage affected communities and facilitate meaningful participation in planning and implementation of plans. Affected communities should provide feedback and validate preparedness plans, participate in reviews and decision-making processes that impact their lives.
- CE,SBC plan must leverage digital engagement to improve access to affected communities.
- Integrate CE,SBC specific indicators within National Data Systems (Sendai tracking systems, Country risk profile, and analysis) so that data is collected seamlessly. The same must inform national planning processes.

KEY ACTIONS FOR CE PRACTITIONERS

- Under leadership of CE,SBC Coordination mechanism, review the contingency plan (if it exists) and update it as a CE,SBC Strategic Response Plan. In the absence of a CE,SBC contingency plan, develop a CE,SBC Strategic Response Plan in coordination with all CE partners and relevant clusters.
- Ensure CE,SBC plan is aligned with National Plans/HRPs.
- Mainstream CE,SBC measurement indicators within the national disaster information management/HRP-Management Information System (MIS).

2.7

Rumour Management and Documentation of Human-Interest Stories

Media could be the best ally for preparing and responding to humanitarian crisis. It can play a crucial role in ensuring people affected get the right information on time and in a way that is easy to comprehend. The affected people are more susceptible to believing rumours and misinformation that could be potentially dangerous. Social media has been misused to promote the spread of false information and is usually based on uncertainty in the *facts*. The emotional exploitation of a situation, trending topic discussions for hijacking conversations and financial scams, among others are commonplace. However, media can facilitate warning of hazards, gathering and transmitting information about affected areas; alerting and facilitating discussions among government officials and relief organisations about specific needs of the affected communities across different phases of the crisis.

In close collaboration with CE,SBC coordination mechanism (and media sub-committee), support timely sharing of alerts with critical information to counter rumours and safe actions. Rumour management must include regular tracking and addressing misinformation and fake news on social media.

🔧 **CDAC-Network Rumour Has It Internews-Managing Misinformation in a Humanitarian Context:**

🔧 **Case Study**

🔧 **How to Guide**

Documenting Human Interest Stories

It is easy to document sectoral/cluster success stories although CE,SBC outcomes, especially those that show practice level changes, takes time. However, this should not deter community engagement or humanitarian practitioners to document change. Often sustainable change takes time to reveal itself. Collaborating with the Communication Division and investing in documenting CE,SBC human interest stories will go a long way to provide learning and create a ripple effect.

STEP 1
Select the right type of human-interest story that highlights community engagement outcomes.

STEP 2
Determine the story focus which can be embedded in the sectoral/cross-sectoral programmes or CE process itself.

STEP 3
Write a scope of work, identify the appropriate team including journalists/writers and draft an action plan.

STEP 4
Select sites and participants in consultation with CE,SBC coordination mechanism.

STEP 5
Update Gather information needed without impacting further the affected communities.

STEP 6
Write the story, validate the facts with community members and project field team.

STEP 7
Share the stories.

KEY TAKEAWAYS FOR CE PRACTITIONERS

- Media must be seen as an ally for disaster preparedness, response, recovery and reconstruction process. It can provide support in creating positive narratives, advancing lifesaving critical information and building resilience at community level as well as contributing in bringing about a more accountable governance in *building back better*.
- Look beyond traditional media and proactively engage with new age media (social media, telecom agencies, smart APP solutions) to counter myths and fake/ misinformation and strengthen trust at public level.
- National CE,SBC Coordination mechanism must strike a balance between donor commitments of humanitarian agencies and affected communities.

KEY ACTIONS FOR CE PRACTITIONERS

Under leadership of National CE,SBC Coordination mechanism:

- Activate media sub-committees and refine their role.
- Collaborate with media sub-committees and document change stories.

2.8
Budgeting for CE,SBC for Natural Hazards

Under the leadership of National CE,SBC Coordination mechanism, budgeting for CE,SBC interventions must be linked to the HRP process. It must be addressed at all phases of the HPC from preparedness to response planning and early recovery across sectors/clusters.

CE,SBC Budget components are aligned to vulnerabilities and needs of at risk and affected communities. Budget analysis of CE,SBC components should be guided by clusters/sectors programming needs of different phases (preparedness, response and early recovery). The Contingency Budget should be approved quickly during the reimbursement period. Key actions under the leadership of National CE,SBC coordination mechanism include the following:

- **HPC (Humanitarian Programme Cycle) phase-based forecasting of financial and Human Resources:** Jointly forecast resources for all CE,SBC action with the respective cluster. During the HRP process, integrate required actions as a vertical investment (CE,SBC mainstreamed) within each cluster or pillar such as GBV, disability and cash transfers to address CE,SBC commitments.

- **Resource mobilisation plan and joint dissemination with clusters:** Use OCHA sample template under the guidance of national CE,SBC coordination mechanism to plan and forecast CE,SBC needs in collaboration with clusters. This plan and its donor dissemination

strategy will be led by HCT. National CE,SBC coordination mechanism will coordinate with HCT for CE,SBC funding needs and donor engagement separately, if required.

- **CE Fund Management Dashboard and Financial Analysis:** National CE,SBC coordination mechanism will facilitate funding allocations from pooled funds and CE,SBC implementing partners to inform financial tracking services. It will maintain its own page on financial resources used by partners and generate intervention and cluster-wise reports on regular basis.

Important considerations for CE,SBC budgeting are operational resources and processes that need to be in place to ensure CE,SBC actions/interventions can be implemented. Ensure that implementing partners conduct rigorous budget planning to have the necessary resources to implement CE,SBC interventions. In addition, tracking allocations and expenditures should be mainstreamed in all sector/clusters to track CE,SBC contributions to humanitarian results.

🔧 **(Coming Soon) Tool: Sample Budget Planning Template**
🔧 **Resource: OCHA Resource Mobilisation Country Template**

FIG-NH 4: CE,SBC BUDGETING FOR HUMANITARIAN RESPONSE PLANNING PROCESS

CE,SBC Budgeting for Humanitarian Response Planning Process

Led by National CE,SBC Coordination Mechanism in partnership with HCT and DMA

CE,SBC Budget Components

Social Data For Action (CE Analysis, CE Needs Assessment and CE Humanitarian Needs Overview)

Within sectors/clusters in cross-sectoral programmes

Community Engagement Enablers: Coordination and Social Data for Action including community participation and feedback

Humanitarian Programme Planning Process

Humanitarian Response Plan

FLASH Appeals

CE,SBC investments could be vertical (i.e., as part of the clusters) or horizontal (i.e., a separate pillar for integrated, multi sectoral response).

In consultation with Clusters/Sectors and Cross-sectoral Working Groups and CE,SBC implementing organisations

CE,SBC Preparedness for Response   **CE,SBC Response and Recovery**

TABLE-NH 6: KEY OPERATIONAL CONSIDERATIONS FOR CE,SBC BUDGETING

Domain	Budget for Key Operational Considerations
Human Resources and Organisational Structures	• Staffing and management structures that are required to be supported to implement CE,SBC interventions (sector/cluster, civil society, implementing partners) – existing or emerging that need to be developed. • Clear policies and processes are established to protect and support staff, volunteers and communities. • Clear reporting and supervision is structured into RCCE intervention implementation.
Data Management	• Data management plan exists (including data usage, data sharing). • Data security issues and data ownership issues conform to national law and includes return of data or analysis to local stakeholders.
Resource Mobilisation and Budgeting	• Per cent of national and international staff and volunteers who believe financial and non-financial support (supervision, training, logistics) is sufficient to ensure CE,SBC can be implemented as required. • Per cent of all CE,SBC budgets with adequate allocations for CE,SBC actions detailed in sector/cluster plan. • Per cent of funding and resource shortfalls from projected needs for CE,SBC interventions.

KEY TAKEAWAYS FOR CE PRACTITIONERS

• CE,SBC budgeting component must be mainstreamed as part of HRP. The CE,SBC budgets across clusters and cross-sectors must be aligned to programming needs and requirements outlined for the different phases of preparedness, response and early recovery.
• National CE,SBC mechanism will be the key body that will coordinate with CE,SBC implementing partners, clusters, HCT and DMA on funding needs, funding allocations from pooled funds and help partners informing financial tracking services.

KEY ACTIONS FOR CE PRACTITIONERS

Under leadership of **National/Subnational CE,SBC coordination mechanism**:

• Work with clusters and develop phase-wise CE,SBC resource mobilisation plan.
• Address immediate life-saving needs of communities and focus on building resilience.

2.9
Monitoring, Evaluation, Accountability and Learning for CE,SBC Results

CE,SBC: RESULTS-BASED MANAGEMENT

Develop robust mechanisms to collect, analyse and use community engagement, social and behavioural data.

Unlike the current focus on results that captures immediate activity-level data, measurement of SBC requires long-term sustained engagement and resources to achieve results.

Evidence from different natural disasters have proven time and again that providing individuals, families and communities with the right information rarely translates into optimal action or choice/practice. At risk and affected communities and vulnerable groups are highly emotional and influenced by their environment. CE,SBC strategies and interventions that focus merely on reaching communities with messages and increasing their knowledge and awareness of certain practices may be less unless complemented with other interventions (Petit, V., BDM 2019).

Rolling-out CE,SBC Results-Based Management through Monitoring, Evaluation, Accountability and Learning (MEAL) Approach with simple actions:

FIG-NH 5: MEAL FOR CE,SBC RESULTS
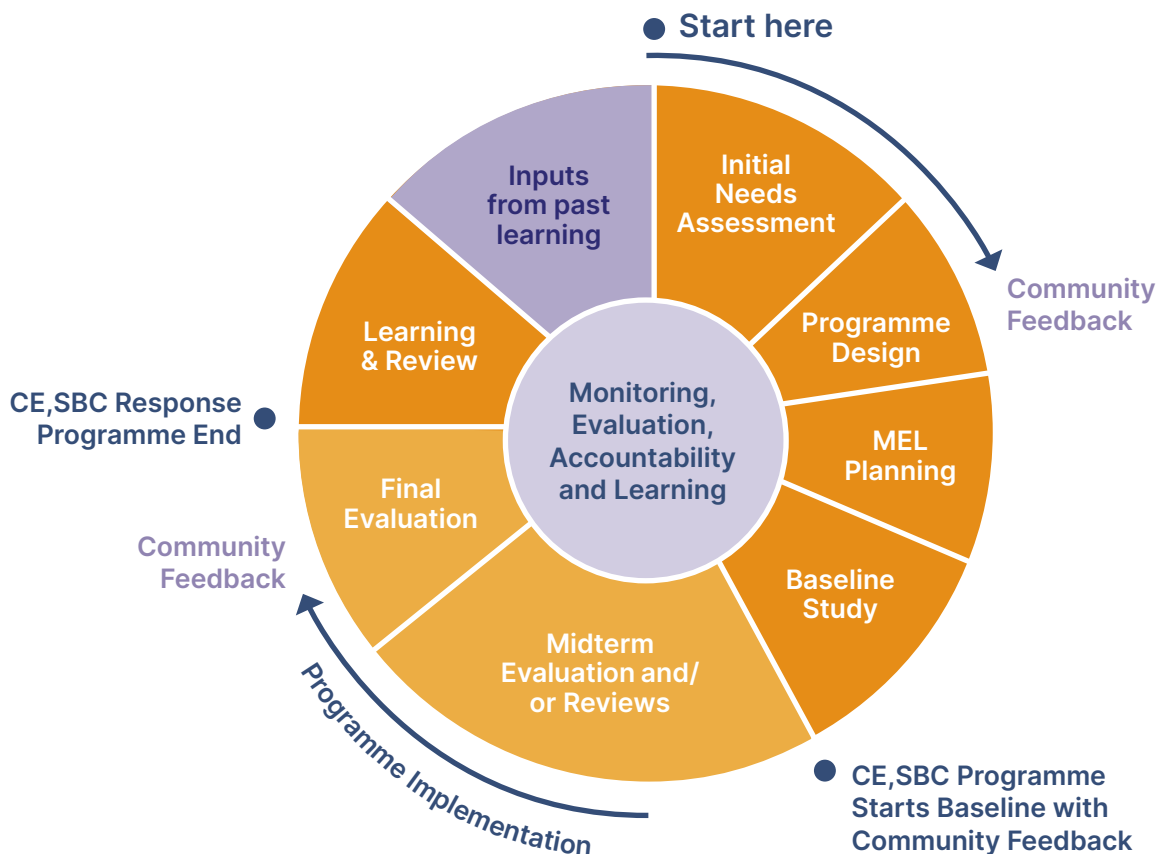
For humanitarian programmes to achieve behavioural results there must be evidence generation activities related to CE,SBC with linkages to inform humanitarian actions. While implementing CE,SBC actions for programmes across phases and throughout the HPC, regular information on guiding and managing programme activities, tracking progress and activities, including meaningful feedback from communities, is required. This will help programmes monitor what is happening and is flexible enough to adapt and improve based on evidence generated and feedback from affected communities.

MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING FOR CE,SBC RESULTS

MEAL4R will help comprehend and demonstrate impact of CE,SBC interventions in humanitarian contexts. MEAL involves tracking progress of programmes and adjusting and assessing outcomes in complex and constrained operating environment of crisis.

Equally challenging is the use of this information to foster change within the organisation or even the system as a whole.

Action 1: Align CE,SBC Results to HRP	In any given crisis context, RBM-based CE,SBC programming must be aligned to the country HRPs or HPC that will include the context and situation analysis to identify key barriers and drivers related to inequity, marginalisation and specific behaviours or practices.

1.1 Strategic prioritisation of practices/behaviours will include both behavioural and social change results for natural hazards. It will include a two-fold focus:

- Provide life-saving practices with a focus on individual and community-led perspectives.
- Improve protection and resilience with a focus on collective action and local practices to address social issues related to a lack of skills to cope with disasters, exclusion, and marginalisation.

1.2 Standards landscape has a collection of CE commitments and indicators to inform Results-Based Programming for Natural Hazards:

Standards and Indicators supporting what to be achieved	1. Sphere Standards 2. Child Protection Minimum Standards (CPMS) 3. INEE Standards (Education in Emergencies)	4. Core Humanitarian Standard (CHS)
Operational	• Community Engagement Minimum Standards.	

(🔗 SBC/CE,SBC Standards and Indicators Landscape, CHS and CEMS)

Purpose: The Standards and Indicators landscape is a tool for countries to select CE,SBC indicators and where possible seek their standard definitions and applications. It lists principal needs and response monitoring of CE,SBC indicators for each cluster and provides a unique identifier, similar to a p-code, for every indicator. This tool offers search, filter and export functions. The reference CE,SBC indicators may be used to track needs over time and support monitoring along the programme cycle. They can be used for analysis and reporting and may feature in humanitarian needs overviews, strategic planning and monitoring documents, humanitarian dashboards and bulletins.

Roles and Responsibilities: Selection of indicators for HRP is facilitated by CE,SBC Coordination Mechanism in collaboration with CE,SBC Implementing partners, clusters and cross-sector working groups.

Action 2: CE,SBC Monitoring	CE,SBC Humanitarian Programme Planning must define key objectives and interventions to be implemented. Indicators developed around key objectives will be monitored through a baseline and regular evidence-generation activities in the course of programme and/or implementation.

CE,SBC Monitoring:

Is a routine collection and analysis of social, behavioural and programme processes related to information that helps track plans and check compliance against established standards.

Response Planning

STRATEGIC PLANNING

Country Strategy / HRP

CLUSTER PLANNING with CE,SBC

Cluster CE,SBC Response Plans

CE,SBC PROJECT PLANNING

Organisational Projects

Response Monitoring

STRATEGIC-LEVEL MONITORING

Outputs and Outcome Results

CLUSTER-CE,SBC LEVEL MONITORING

Outputs and Outcome Results

CE,SBC PROJECT MONITORING

Output Projects

CE,SBC Monitoring Essentials	Establish a CE,SBC-Joint MEAL Systems	To be clear on what to measure and who will be responsible	Only collect information that is needed. Disaggregate data by gender, age & vulnerable groups	Involve affected communities in defining objectives & monitoring activities	Communicate results to relevant stakeholders

Photo credit: © UNICEF/UNI198930/Panday

Scope of Standards and Indicators: This section is a point of reference for CE,SBC Humanitarian Implementing Partners at country level, National CE,SBC, Coordination and cluster leads at country level for indicators. These are recommended for monitoring community engagement needs and interventions as part of preparedness and humanitarian response.

Standards and Indicators supporting what to be achieved	• Sphere Standards • CPMS • INEE Standards (Education in Emergencies)	• Core Commitment of Children in Humanitarian Action (CCCs)	• Core Humanitarian Standards (CHS)
Operational	Community Engagement Minimum Standards		

(🔗 SBC/CE,SBC Standards and Indicators Landscape, CHS and CEMS)

For long-term impact or input indicators, coordination with local cluster and HRP teams must be stepped up.
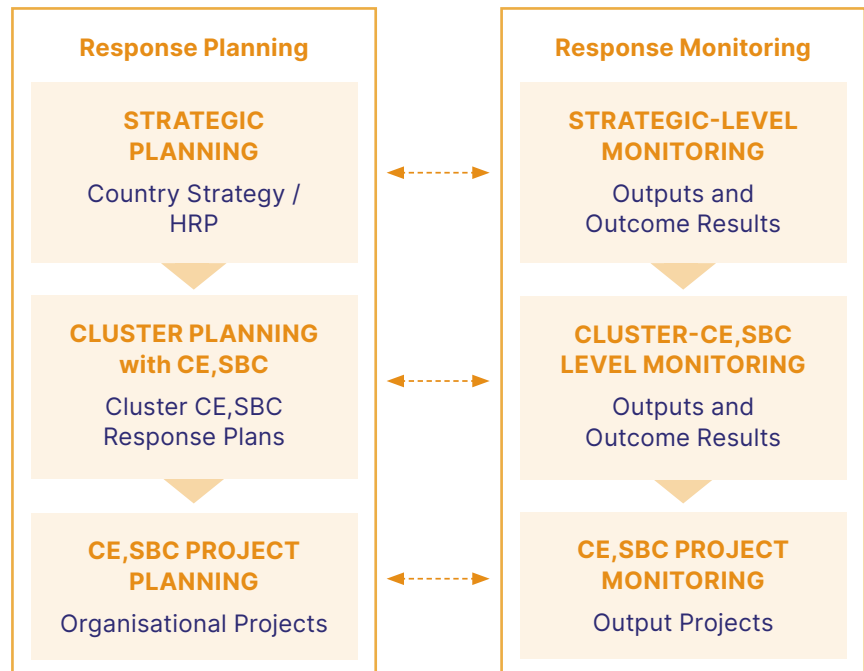
Roles and Responsibilities: Selection of indicators for HRP is facilitated by National CE,SBC Coordination Mechanism in close collaboration with CE,SBC Implementing partners, and clusters.

Action 3 Mid-term/ Impact Evaluation	**CE,SBC mid-term evaluations and end of the response are critical exercises defining overall impact, relevance, efficiency and effectiveness of CE,SBC interventions for clusters/sectors in humanitarian response. CE,SBC evaluations provide learnings on what has worked, what has not worked for the programmes and what can be improved in similar humanitarian settings.**

Simple key steps to be followed for CE,SBC evaluations in crisis

1. Evaluation can measure (1) CE,SBC activities, (2) programme accountabilities to the communities (i.e., participation of the affected communities in planning, managing and guiding the CE,SBC response activities), and (3) the way monitoring, evaluation has been conducted in a participatory and transparent manner.

2. Prioritise what needs to be evaluated.

3. Engagement of communities across the process is critical, including at the end of the project. Ensure they are part of the evaluation process. Make sure input from all different segments of the affected community (men, women, boys, girls, and marginalised/vulnerable groups) such as those with disability, children or elderly is taken and informs recovery activities.

🔧 **CE Evaluation Process: IFRC Toolkit**

Action 4: Case Studies	Develop a knowledge management plan document good practices and share learnings as widely as possible. Learning agenda, should be able to inform forthcoming disaster preparedness.

Case Studies: Provide greater insights into issues and challenges. The case studies can be done through clusters/ HCT/National CE,SBC coordination to avoid duplication of effort.

🔧 **Case Study Template**

KEY TAKEAWAYS FOR CE PRACTITIONERS

- Based on *agreed* standards and indicators, roll-out MEAL holistically and cover all phases of HPC and align it with cluster monitoring components.
- Refer to standards and indicators from Sphere, CCCs, CHS and CEMS. While first three support *what to be measured for CE,SBC interventions,* CEMS outlines how implementing partners will measure their own efficiencies in managing CE,SBC interventions in the field.
- Standards and Meta guidance for all clusters and cross-sectors to be provided and used based on local context and country HRP priorities.
- Affected communities are at the heart of the MEAL process and ensure all segments are engaged throughout MEAL cycle.

KEY ACTIONS FOR CE PRACTITIONERS

Under leadership of National CE,SBC Coordination mechanism and clusters:

- Identify standards and indicators for reporting.
- Develop a MEAL and KM plan.
- Conduct monitoring, evaluation activities and map good practices for future learnings.

2.10
The Checklist: CE,SBC for Natural Hazards

CE,SBC for Natural Hazards is the foundational step for community engagement and humanitarian practitioners to align.

CE,SBC actions are within the humanitarian architecture and HPC. It is the first step to implement systematically community engagement interventions with the Inter-agency Cluster mechanism and NDMAs/DMAs. This Checklist is developed to help community engagement and humanitarian practitioners plan, implement, monitor and evaluate country-specific CE,SBC interventions with interconnectedness across all phases of HPC through simple actions. The Checklist has been developed in the format of a *to-do-list* and is aligned with *the Key Steps of CE,SBC for Natural Hazards* for better harmonisation and coherence of the interventions that have been envisaged.

CHECKLIST: CE,SBC FOR NATURAL HAZARDS

Important: Use this section together with Overview and Introduction to CHAT

Steps aligned to Natural Hazards Subsections	Actions	In Collaboration with	Tool/Resources Details
Community Engagement Preparedness for Response			
2.1 & 2.2	**Understanding of the Context**		
2.1	2.1.1 Develop understanding of ongoing, local and national hazards, threats and risks, preparedness and response strategies and map national and subnational emergency/disaster management planning and operational processes.	DMA/NDMA/HCT/ Cluster Leads	Country Risk Analysis
	2.1.2 Develop good knowledge of HPC and CE,SBC Collective Action Framework and align it with national and subnational emergency/disaster management planning and operational processes. Make a note of Standards and Frameworks applicable to Natural Hazards (Sphere, CCCs, CHS and CEMS). Refer to CE,SBC Commitments and Standards across CCCs.		Other Resources
2.2	2.2.1 Meet national government/HCT, identify entry points to integrate CE,SBC component within clusters and national health emergency annual planning processes (NDMP/NEP/HRP).	National CE,SBC Coordination Mechanism	Tool: CE,SBC Collective Action Framework
2.3	**Integrating CE,SBC for Natural Hazards**		
2.3	2.3.1 Start collaborating with DMA/NDMA/ Cluster-leads on integrating CE,SBC preparedness and response for natural hazards.	HCT/Cluster Leads/ Organisational Emergency Leads	NA
	2.3.2 Understand barriers and opportunities to institutionalisation of CE,SBC for natural hazards and undertake stakeholder mapping. In coordination with HC/HCTs/Inter-agency Clusters, the National CE,SBC Coordination Mechanism develops and implements a resourced advocacy plan.	National CE,SBC Coordination Mechanism	Tool: Stakeholder Template
	2.3.3 Hold advocacy meetings in partnership with HC/HCTs/Inter-agency Cluster coordinators with Disaster Management Officials. These meetings should reinforce the importance of engaging communities, understanding social and behavioural gaps and building systems for CE,SBC.		Tool: (1) Advocacy Messages for Senior Management Tool: (2) Advocacy Messages for NDMA

	Activity	Responsible	Tools/Resources
2.4	**Coordination for CE,SBC for Natural Hazards**		
	2.4.1 Facilitate NDMA and HCT in the establishment of the National/Subnational CE,SBC coordination mechanism. Based on discussion and suggested role of the coordination mechanism, draft/co-draft ToRs.	CE,SBC Implementing Partner	Tool: Sample ToR from Philippines, Bangaladesh and CDAC
	2.4.2 Seek consensus on roles and responsibilities of National CE,SBC coordination mechanism and validate it with NDMA and HCT, including Cluster leads and Sectoral Ministries.	CE,SBC Implementing Partners	
	2.4.3 Ensure CE,SBC sub-committees/focal points are in place to support CE,SBC. For example, sub-committees and cross-sectoral WGs under National Coordination would include Social data for action, capacity building, localisation and CE,SBC linkages with AAP, gender, age and inclusion Committee Media Sub-committee.	National CE,SBC Coordination Mechanism with CE,SBC Implementing Partners and Clusters	Resource: CDAC guide to National Platforms Resource: Message guide-CDAC/Infosaid
	2.4.4. Facilitate CE,SBC contingency planning process and participate in national CE,SBC plan, and adapt it for organisational commitments.		Tool: CE,SBC Contingency Template
2.5	**CE,SBC Data For Action**		
	2.5.1 Advocate to mainstream CE Data for Action with DMA and HCT planning and processes.	CE,SBC Coordination Mechanism with HCT and support of CE,SBC Implementing Partners and Clusters and Social Data for Action Sub-Committee	NA
	2.5.2 Facilitate/participate in SBVA Analysis/Vulnerability Assessment. Ensure social and behavioural data is mainstreamed in the Inter-agency humanitarian risk analysis process and that at risk communities are sufficiently engaged.		Tool: Quick guide to Risk Analysis
	2.5.3 Facilitate/participate in Joint Needs Assessment (JNA) and contribute in CE,SBC Needs Assessment component when emergency strikes. Ensure social and behavioural data is mainstreamed in Inter-agency humanitarian JNA process and affected communities are involved in all steps of rehabilitation.		Tool: Quick guide to Needs Assessment Analysis
	2.5.4 Facilitate/support in CE,SBC Humanitarian Needs Overview. • Ensure social and behavioural data is mainstreamed in Inter-agency humanitarian Needs Overview process. • Engage at risk communities.		Tool: CE,SBC Collective Action Framework
	2.5.4 Support/participate in Clusters/HCT in setting up joint Feedback Mechanism with affected communities. • Facilitate/participate in community consultations, map excluded groups and community channels for feedback. • Promote channels for feedback in community settings and especially among excluded and vulnerable groups.	Humanitarian Coordination Team/ Cluster Leads/ CE,SBC Coordination Mechanism	Tool: IFRC-setting up Feedback Mechanism Toolkit

2.6	**CE,SBC Response Plan**		
2.6	2.6.1 Review CE,SBC Contingency Plan and finalise CE,SBC strategic response plan within 30 days of Flash Appeal. Ensure Plan complements HRP and aligns to sector objectives and includes CE,SBC objectives, participants group, approaches, social-data based messages and interventions.	CE,SBC coordination mechanism with HCT, Clusters and support of CE,SBC implementing partners	Tools: (1) CE,SBC approaches, (2) CE,SBC Interventions Mix, (3) CE,SBC Response Plan Template, and (4) Message development, Rapid assessment of cycle for pretesting and localising generic messages
	2.6.2. Ensure CE,SBC strategic response plan includes feedback of affected communities/relevant stakeholders.		
	2.6.3 Ensure CE,SBC implementing partners know approaches and have access to harmonise material and channels to engage communities effectively, including addressing their diverse needs.	CE,SBC coordination mechanism with HCT and Clusters	
	2.6.4 Based on the checklist, facilitate self-assessment of CE,SBC partners and co-conduct CHAT training for CE,BC implementing partners.	CE,SBC implementing partners with the support of CE,SBC coordination mechanism and Clusters	CEMS self-reporting checklist
2.7	**Rumour Management and Documentation of Human Interest Stories**		
2.7	2.7.1 Work closely with media sub-committee and agree on ruomour management strategy. Identify focal people who will speak with media on behalf of CE,SBC partners and provide updates on response activities.	CE,SBC coordination mechanism with HCT	NA
	2.7.2 Document human interest stories capturing different aspects of CE,SBC activities and behavioural shifts achieved with a view to provide wider access to stories and to encourage scale up/replication.	Media Sub-committee with partners with CE,SBC coordination mechansim	NA
2.8	**Budgeting for CE,SBC**		
2.8	2.8.1 Conduct and report CE,SBC Budget analysis on joint Financial Tracking Services managed by National Coordination Mechanism.	CE,SBC coordination mechanism, implementing partners	NA
	2.8.2 Develop CE,SBC Budgets for clusters, respectively, support and contribute to HRP planning and review process.		Tools: Phase-wise Budget Template

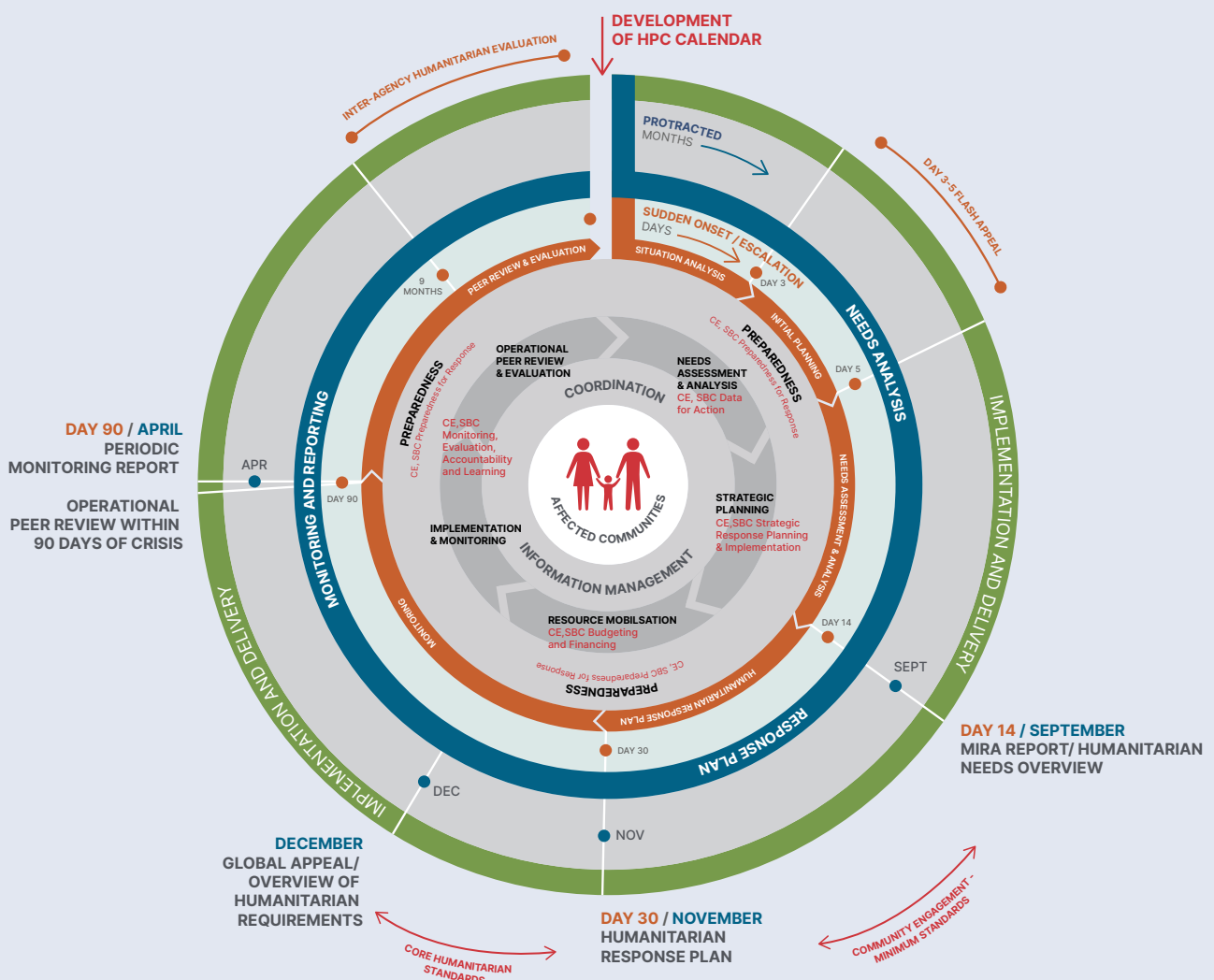| 2.9	CE,SBC Monitoring, Evaluation Accountability and Learning		
	2.9.1 Identify standards and indicators for MEAL jointly with Clusters and National CE,SBC Coordination Mechanism. Develop a joint CE,SBC MEAL Plan that contributes to HRP	CE,SBC coordination mechanism, implementing partners	Tools: Standards Landscape Analysis
	2.9.2 Like all CE,SBC partners adapt CE,SBC MEAL plan to organisational commitments		
	2.9.3 Ensure CE,SBC partners facilitate feedback process, collection and alignment of CE,SBC interventions		Tool: IFRC Feedback Mechanism Toolkit
	2.9.4 Like all CE,SBC partners, evaluate CE,SBC programmes to understand (1) what has worked, (2) what has not, and (3) how these learnings can inform future disasters		Tool: CE,SBC Evaluation Process and Case Study

SUGGESTED TOOLS FOR CE,SBC: NATURAL HAZARDS

🔧 **Classification of Hazards**

🔧 **IASC-Guidance for Humanitarian Country Team**

🔧 **Stakeholder Profile Template**

🔧 **Advocacy Messages for DMA/DMOs**

🔧 **Advocacy Messages for Senior Management**

🔧 **CDAC-Network Rumour Has It**

Internews-Managing Misinformation in a Humanitarian Context: 🔧 **Case Study,** 🔧 **How to Guide**

🔧 **CDAC-Network: National Platforms**

🔧 **ToR for Philippines**

🔧 **OCHA Contingency Template**

🔧 **A Quick Guide for Social and Behavioural Vulnerability Analysis within Risk Analysis**

🔧 **A Quick Guide for CE,SBC Needs within Joint Needs Assessment**

🔧 **CDAC-Rapid Information, Communication and Accountability Assessment Tool (CADC)**

🔧 **Joint Intersectoral Analysis Framework-JIAF, 2020**

🔧 **Definition of SMART Objectives**

🔧 **Central Sulawesi Earthquake Response Plan**

🔧 **HRP Guidance**

🔧 **CDAC Network/INFOSAID ONLINE Message Library and Pacific Humanitarian Protection Cluster (PHPC) Quick Guide to Communication on Protection in Emergencies and Sample Key Messages for Protection (2012)**

🔧 **Must Have's for Message Development and Rapid Assessment Cycle for Pretesting and Localising Generic Messages**

🔧 **CEMS Self-Assessment Checklist for Capacity Development**

🔧 **CCCs-Sector-wise CE,SBC Commitments and Benchmarks**

🔧 **(Coming Soon) Tool: Sample Budget Planning Template**

🔧 **Resource: OCHA Resource Mobilisation Country Template**

🔧 **CE Evaluation Process: IFRC Toolkit**

🔧 **Case Study Template**

SECTION 03

Conflict and Fragile Situations

This graphic is guided by the Humanitarian Programme Cycle (HPC) and CE,SBC Action Framework which is adapted to support annual or multi-year programming during a protracted crisis. Key elements of HPC and CE,SBC actions are in the central core. The outer ring depicts operationalization of these elements through implementation and delivery.

Additional notes are provided under relevant sections.

DEVELOPMENT OF HPC CALENDAR

INTER-AGENCY HUMANITARIAN EVALUATION

PROTRACTED MONTHS

DAY 3-5 FLASH APPEAL

SUDDEN ONSET / ESCALATION DAYS

PEER REVIEW & EVALUATION

9 MONTHS

SITUATION ANALYSIS

DAY 3

INITIAL PLANNING

DAY 5

NEEDS ANALYSIS

OPERATIONAL PEER REVIEW & EVALUATION

PREPAREDNESS
CE, SBC Preparedness for Response

CE,SBC Monitoring, Evaluation, Accountability and Learning

COORDINATION

NEEDS ASSESSMENT & ANALYSIS
CE, SBC Data for Action

PREPAREDNESS
CE, SBC Preparedness for Response

IMPLEMENTATION AND DELIVERY

MONITORING AND REPORTING

DAY 90 / APRIL
PERIODIC MONITORING REPORT

OPERATIONAL PEER REVIEW WITHIN 90 DAYS OF CRISIS

APR

DAY 90

AFFECTED COMMUNITIES

IMPLEMENTATION & MONITORING

INFORMATION MANAGEMENT

STRATEGIC PLANNING
CE,SBC Strategic Response Planning & Implementation

NEEDS ASSESSMENT & ANALYSIS

DAY 14

MONITORING

RESOURCE MOBILSATION
CE,SBC Budgeting and Financing

CE, SBC Preparedness for Response

PREPAREDNESS

HUMANITARIAN RESPONSE PLAN

RESPONSE PLAN

SEPT

IMPLEMENTATION AND DELIVERY

DAY 30

DAY 14

DAY 14 / SEPTEMBER
MIRA REPORT/ HUMANITARIAN NEEDS OVERVIEW

DEC

NOV

DECEMBER
GLOBAL APPEAL/ OVERVIEW OF HUMANITARIAN REQUIREMENTS

CORE HUMANITARIAN STANDARDS

DAY 30 / NOVEMBER
HUMANITARIAN RESPONSE PLAN

COMMUNITY ENGAGEMENT - MINIMUM STANDARDS

SECTION 03

Contents

Understanding the Current Context: Preventing Conflicts and Sustaining Peace

3.1
The Context

In recent years there has been an exponential increase in people requiring humanitarian assistance and protection from conflict which has been a major driver of humanitarian needs. Over the last decade, driven primarily by the rise in intrastate conflict and the spread of non-state armed groups, the number of major conflict events has tripled globally.

Civilians have been at far greater risk when explosive weapons were used in populated areas. The destruction of essential infrastructure, including homes, hospitals, roads, and schools, has devastated civilian populations and resulted in displacement and protection risks.

Decades of conflict and fragility have made children particularly vulnerable to grave violations, including their recruitment by armed groups. In many instances they have been mercilessly killed, tortured, exploited and trafficked. Persons with disabilities often face difficulties fleeing violence with a higher risk of injury and death. They face challenges meeting basic needs such as food, protection, sanitation and health care, which can be inaccessible even when service provisions are in place.

Access to the most vulnerable, marginalised and affected is hampered further by insecurity, violence against humanitarian workers and assets, and limited presence/absence of social protection systems.

🔧 **The World Bank Group Strategy for Fragility, Conflict and Violence: 2020-2025**
🔧 **ICRC Strategy: 2019-2024**
🔧 **Global Humanitarian Needs Overview 2022**

Photo credit: © UNICEF/UN0144599/Brown

TYPES OF CONFLICT AND HUMANITARIAN CONSEQUENCES

Conflict Barometer, 2020 categorises conflict into 4 types: (1) interstate, (2) intrastate, (3) substate, and (4) transstate conflicts. While interstate conflicts only involve internationally recognised state actors, intrastate conflicts involve both state and non-state actors. Meanwhile, substate conflicts are carried out solely among non-state actors, and transstate conflicts involve at least two sovereign states, both of which meet the criteria of a political conflict and at least one non-state actor. This means actors are in conflict with each other and pursue their goals through conflict measures on the territory of at least two states.

The direct impact conflict is visible through malnutrition, illness, wounds, torture, harassment of specific groups within the population, disappearances, extra-judicial executions and forcible displacement of people. Aside from their direct effects on individuals concerned, the consequences of these tragedies for local systems are substantial, in that they relate to destruction of crops and places of cultural importance, breakdown of economic infrastructure and health-care facilities such as hospitals, etc.

3.2
Resolutions, Standards and Frameworks

Countries affected by fragility, conflict and high levels of violence have been guided by global policies, standards and frameworks to implement a differentiated approach to programming in such contexts. They deliver humanitarian assistance using a conflict sensitivity lens and identify opportunities for peacebuilding interventions. These are aimed at increasing capacities (at national, community and individual level) to transition out of fragility and reduce violent relapses.

TABLE-C&FS 1: GLOBAL POLICIES, STANDARDS AND FRAMEWORKS

Peacebuilding and Sustaining Peace	In 2016, the General Assembly and Security Council adopted twin resolutions (A/RES/70/262 and S/RES/2282) and shifted focus from crisis response to prevention of conflicts and sustainable peace. They emphasised inclusivity as key to advancing the national peacebuilding process. The resolution states *'sustaining peace encompasses activities aimed at preventing the outbreak, escalation, continuation and recurrence of conflict'*. It offers to address not only symptoms of conflicts but also its root causes. This ensures hostilities are minimised paving the way for reconciliation followed by recovery, reconstruction and development. Sustaining peace should therefore, not be viewed as rebranding of existing work but as a more practice-oriented concept that prevents violent conflict. It must address different kinds of exclusion, systemic discrimination and marginalisation based on an analysis of conflict dynamics and strategic planning. (🔗 General Assembly Twin Resolution)
Humanitarian Programming	In protracted crisis situations, the annual or multi-year planning process as outlined by IASC under HPC is followed. Sphere Standards with CHS and, CCCs as well as CEMS guide sectoral commitments that must be achieved in any humanitarian response for crisis-affected communities to survive and recover with dignity.

🔧 **Important Milestones in Peacebuilding and Sustaining Peace**
🔧 **Humanitarian Programme Standards and Frameworks**

3.2.1
Preventing conflicts, sustaining peace and CE,SBC

Community Engagement is at the heart of peacebuilding and sustaining of peace programming. It promotes meaningful inclusion and dialogue with people affected by violence and helps them overcome and transform conflict and establish sustainable peace. The UN system along with other humanitarian actors such as ICRC recognise CE,SBC as a social process that uses comprehensive and coherent approaches and strategic and operational partnerships, including with civil society actors, especially women and youth-led organisations.

Together they work to reduce and prevent the risk of conflict as also chances of relapse.

CE,SBC is aligned to a *whole of UN and National Societies (Red Cross Red Crescent)* approach that aims at preventing the outbreak, its escalation response and recurrence of conflict. It reinforces the principle of *Do no Harm* and *Do more Good*, by using a range of participatory tools and methods.

Community Engagement and Sustaining Peace

This is a strategic process to directly involve local populations in all aspects of decision-making and implementation to strengthen local capacities, community structures and local ownership as well as to improve transparency, accountability and optimal resource allocations across diverse settings.

In the context of peacebuilding and sustaining peace, community engagement is generally done through partnerships with a broad range of local civil society actors as intermediaries who work in the sphere of peacebuilding. (Source: UN guidelines for community engagement on peacebuilding and sustaining peace)

It also creates safe spaces for discussing causes and consequences of conflict. This process generates transformation across all conflict phases by promoting listening and building of trust by involving affected communities and their feedback in programme design and implementation. A meaningful resolution of conflict is thus sought, while appreciating differences, sharing of knowledge and skills to formulate policies and a strengthening of local capacities to support sustainable peace and development.

FIGURE-C&FS 1: CONFLICT SENSITIVITY AND PEACEBUILDING ALONG VIOLENT CONFLICT PHASES AND IMPLICATIONS FOR CE,SBC PROGRAMMING (🔗 UNICEF Programming guide to Conflict Sensitivity and Peacebuilding)

1 Latent Conflict	**2** Acute Conflict	**3** Immediate Post Conflict	**4** Sustainable Peace and Development
Conflict Sensitivity: • Ongoing conflict analysis ensures equitable access • Inclusive planning & delivery	**Conflict Sensitivity:** • Ongoing conflict analysis ensures equitable access • Inclusive planning & delivery	**Conflict Sensitivity:** • Ongoing conflict analysis ensures equitable access • Inclusive planning & delivery based on disaggregated data	**Conflict Sensitivity:** • Ongoing conflict analysis ensures equitable access • Inclusive planning & delivery based on disaggregated data
Peacebuilding: • Emphasises peace dividends • Builds capacities, institutions & mechanisms for community cohesion • Addresses social norms & behaviours	**Peacebuilding:** • Mobilises media & other channels to de-escalate • Crisis management with collaborative engagement • Rumour Management • Counter divisive narratives and messages • Advocacy for cessation of violence • Actions highlighted (please mention the color) can be used to design CE,SBC interventions	**Peacebuilding:** • Emphasises peace dividends • Supports dialogue & deliberations • Nurtures trust and cohesion building • Addresses psychosocial impacts and traumas • Builds capacities, institutions & mechanisms for community cohesion • Addresses social norms & behaviours	**Peacebuilding:** • Emphasises peace dividends • Addresses social trauma, harms and ruptures • Nurtures norms & social value related to social cohesion • Addresses ongoing root causes • Builds capacities, institutions & mechanisms for community cohesion

Important Note: Refer to Introduction and Overview Chapter, Section 1.2.4 for *The Action Framework for Integrating CE,SBC into the HPC*.

KEY TAKEAWAYS FOR CE PRACTITIONERS

- Countries experiencing conflicts and fragility have grown manifold in recent decades creating urgent need for stronger and more cohesive protection and humanitarian response.
- Under the Twin Resolutions on Sustaining Peace (2016), the UN system and humanitarian actors shifted focus from crisis response to prevention and mitigation of fragility and conflict and scaling-up of peacebuilding and sustaining of peace. Programmatically and operationally, protracted crisis is governed by IASC-HC annual planning and multi-year planning processes.
- CE,SBC is well recognised as a key pillar of peacebuilding and for sustaining a peace strategy by the UN system. It plays an important role in conflict prevention and mitigation of fragile contexts by promoting meaningful inclusion and participation of affected communities through partnerships with civil society, women and youth-led organisations.
- CE,SBC is aligned to different conflict phases (latent/acute/immediate post conflict and sustainable and peace development). It reinforces principles of *Do no Harm* and *Do more Good* by addressing root-causes of conflict directly and strengthens local capacities to address those conflicts.

KEY ACTIONS FOR CE PRACTITIONERS

- Develop in-depth understanding of local conflict and fragile context.
- Map and familiarise with global and national frameworks applicable to any given protracted crisis.
- Meet HCT and Inter-agency to understand planned/ongoing interventions.
- Build consensus on people-centered humanitarian programming.
- Integrate CE,SBC as a core component across different phases of humanitarian needs.

3.3
Advocacy Actions for Integration of CE,SBC for Conflict and Fragile Solutions

Since 2016, community ownership of local peacebuilding solutions through extensive engagement with conflict affected communities has been prioritised by the UN system for sustaining peace and development. At the forefront of the advocacy agenda is integration of CE,SBC across phases of fragile and conflict contexts that clearly indicate this is not a result of an afterthought but planned actions. Most conflicts have deep-rooted social, political and religious underpinnings. They require long-term investments which can foster locally-led peacebuilding solutions and collective actions by affected communities.

Advocacy priorities for preventing conflicts vary from context to context. In addition to integrating CE,SBC within the national peace process, other priorities range from inclusive approach to planning, streamlining resources (financial and human) for multi-year CE,SBC programming to amplifying voices of affected communities. There is need to strengthen community responsive rule of law and human security using localisation as a framework in conflict-affected settings. Additionally, local perspectives in the conflict-affected communities should connect directly with local, national and international policy processes.

Six simple actions for field staff are outlined below. These are strategic and assist staff with advocacy and engagement with key stakeholders. These steps also guide them in mainstreaming CE,SBC within peace efforts at the country level. Advocacy for integration of CE,SBC across conflict phases and Annual Planning Processes/Multi-Year Planning/Humanitarian Response Plans (HRPs) is taken as an example in this section. It can also be adopted for any other local priority. Use (🔗 Broker Cordaid-Data Advocacy with conflict affected communities' tool) the following actions to plan and implement locally identified priorities.

Humanitarian/Community Engagement practitioners identify motivations and priorities of the Office of the Special Representative of the Secretary-General, the Deputy Special Representative of the Secretary-General or the Resident Coordinator (RC) and his/her Office (RCO). The RC/RCO plays a proactive role in integrating CE,SBC for peace efforts. The following actions can help develop an evidence informed advocacy resourced plan at the inception stage followed by rolling out of advocacy activities.

Six Actions for Developing an Advocacy Plan for Integration of CE,SBC for Preventing Conflicts, Peacebuilding and Sustaining Peace

1

Assessing the Situation

Determine feasibility of achieving policy change and in this case *integration of CE,SBC across all phases of conflict programming and HRPs.* Address knowledge gaps or information to influence decision-makers and map the evidence needed to reach the prioritised goal. In this case, a strategic way forward would be to map entry points for integration of CE,SBC with national peace processes, especially with engagement of the Office of Special Representative of the Secretary-General, Deputy Special Representative of Secretary-General or Resident Coordinator (RC) or Office (RCO) or Inter-agency mechanism. They could proactively acknowledge the need to enhance community responsiveness in the peace process and outline contributions of CE,SBC in delivering high quality programming on the ground.

2

Establishing Goals

Based on the situation, set specific, measurable, achievable, realistic and time bound (SMART) goals and map and classify stakeholders to provide clarity on who has the power and capability to bring about changes that are being advocated. Involve stakeholders in setting goals and priorities ensure uptake and acceptance of conclusions based on evidence generated.

Important Note: In the conflict context, involve stakeholders in the evidence generation process carefully. Explore risks and advantages of involving policy makers and other stakeholders in the formulation of objectives. The involvement of local civil society organisations and communities is essential for gaining trust with local networks and community systems. However, the participation of a government that is not perceived as neutral could be detrimental to the entire CE,SBC programming.

Stakeholders can be categorised as primary or secondary stakeholders.

2.1 Primary stakeholders or change-makers:
They are decision-makers with authority to initiate change directly. They may include Office of Special Representative of Secretary-General, the Deputy Special Representative of Secretary-General or Resident Coordinator (RC) or Office (RCO) or Inter agency mechanism, donors and their government.

2.2 Secondary stakeholders or influencers:
They can influence decisions and comprise largely of media, community members and leaders, teachers, multilateral organisations, NGOs, research institutes, professional bodies and any other source that advises/informs decision-makers.

3

Developing an Advocacy Plan

All identified stakeholders have their own roles, needs, barriers and opportunities at national and subnational level and must be well defined while formalising the advocacy plan. These may differ from others in the same category. Questions may include: (1) Who are the relevant stakeholders - audience, influencers, allies and opponents? (2) What are their interests, and why do they wish to contribute to desired policy change? (3) Why are policymakers not convinced of policy objectives? (4) How can evidence make a difference, and what is the common interest with allies in target institutions? (5) How can data be used to achieve policy objectives while supporting desired policy change?

A good understanding of root causes of opinions and attitudes held by stakeholders will help create a robust stakeholder template with evidence and persuasive advocacy messages.

🔧 **Stakeholder Profile Template**
🔧 **Data Advocacy Toolkit**

4

Planning Activities

Define long-term change intended as part of the plan. Additionally, outline objectives specific to the goal that must be completed to bring about that change. Objectives must be SMART and based on barrier analysis and objectives and a robust advocacy plan must be developed. This should be fully resourced to ensure implementation of planned activities, engagement of decision-makers and influencers for positive outcomes.

Public advocacy must be used to exert influence on primary and secondary stakeholders. Media should be an important aide in amplifying key issues and solutions. Other means of delivering messages can include direct interactions with stakeholders and include presentations, seminars and workshops. In addition, messages should share evidence and knowledge products such as investment cases, success stories and earning exchanges through exposure visits.

🔧 **A Reference to Support Development of Messages for RCO for CE,SBC in Conflicts and Fragile Situations**

5

Implementation and Monitoring

Overview of activities and results expected to help track if objectives/goals will be met as per timelines. They will also reveal what is and is not working well, how things can be improved, and what needs improvement. Monitoring can help analyse the strengths and weaknesses of advocacy efforts to identify and correct errors and highlight good practices.

6

Evaluation

Critically evaluate effectiveness of advocacy efforts and identify lessons learned for scaling up CE,SBC integration across different conflict contexts. Lessons could be simple yet important especially when it can enhance accountability of programmers towards implementation of high quality community responsive/people centered peace efforts.

KEY TAKEAWAYS FOR CE PRACTITIONERS

- CE,SBC is yet to be mainstreamed fully programmatically and operationally within HRPs and operational guidance across all conflict phases. High level advocacy will be required to prioritise it.
- Increased investments in CE,SBC are required by HC/RCOs to ensure they address root cause of conflict and fragility. It provides ownership for home-grown peace building solutions that improve quality of national planning processes and capacities of local organisations.
- Advocacy for integration of CE,SBC should be planned and implemented through a systematic approach calling for an assessment, resourced plan and activities that are monitored and evaluated.
- Advocacy priorities should be local and may vary from context to context. Besides integrating CE,SBC within HRP, other priorities could include an inclusive planning approach, streamlined resources for multi-year CE,SBC programming, and amplifying voices of the affected communities.

KEY ACTIONS FOR CE PRACTITIONERS

- Hold discussions with RCO/HC/Clusters and map actions to integrate CE,SBC within annual plans/HRP and operational guidance.
- Develop a resourced advocacy plan for high-level discussions and track implementation through systematic monitoring and evaluation.
- Engage HCT/RC in systematic investments and multi-year financing for CE,SBC conflict prevention, peacebuilding and sustaining peace.

3.4
Coordination for CE,SBC for Conflicts and Sustaining Peace

This section is aligned to recommendation 2 of UN Community Engagement guidelines on peacebuilding and sustaining peace.

A streamlined and coordinated sustainable CE,SBC across UN entities and humanitarian partners is critical to the success of peacebuilding and sustaining of peace efforts at country level. In most ongoing conflicts, community engagement coordination mechanisms exist as part of ongoing interventions on AAP. If mechanisms for engaging communities are available, ensure CE,SBC is well integrated and adapted to national/subnational context.

Important Note: Only in the absence of CE,SBC mechanisms, follow the guidance below and establish locally sensitive and relevant *new* mechanisms. These mechanisms must focus on equality while making conscious effort to include communities from all religions, languages, nationalities and race.

Joint (CE,SBC) UN-Civil Society Standing Body (at Country Level)

Often during conflicts and post conflicts, the Office of the Special Representative of the Secretary-General, RC and his/her office (RCO) plays a proactive role in following a coherent and strategic approach to community engagement. This builds on existing initiatives and CE peacebuilding efforts to avoid duplication by UN agencies and partners. Under its leadership, all aspects of Integrated CE,SBC- HPC Action Framework (NOTE: Refer to Introduction and Overview Chapter, Section 1.2.4 for 'An Action Framework') are applied. This framework outlines CE,SBC actions within HPC for effective programming and guides well planned use of available resources and capacities. For example, one suggestion that has been made is that surveys or focus-group discussions of several UN country team members can be combined to manage efficiently data needs throughout humanitarian programming cycle.

Key stakeholders

Under the leadership of the RCO/HC (where possible), the Joint (CE,SBC) UN-Civil Society standing body could seek participation from UN-Agencies, iNGOs, Red Cross/Crescent Societies, media development agencies, local NGOs, specialist communications entities and private sector.

Scope

The Joint (CE,SBC) UN-Civil Society standing body: The validation of the ToR for the standing body will seek to ensure internal UN system coherence and coordination for improving targeted community engagement including training and knowledge management and information exchange at both national and local levels. Such a centralised coordination role by senior UN leadership in mission and development settings should be complemented by strengthening individual community engagement capacities across UN agencies and humanitarian organisations. Partnerships with the government at national and subnational levels should be explored, depending on their role in the crisis context.

This will ensure a wide spectrum of community concerns and local voices that take into account the UN's strategic decision-making, political process and programme design at country level.

Governance: The Chair and Co-Chair of the Standing body must be represented by the UN Agency and civil society organisation having expertise in CE,SBC.

Working modalities: Coordination meetings to be conducted under chairmanship of RCO/HCT and be as locally-led as possible. Frequency of meetings of the Standing body will be dependent on the crisis context and scale of humanitarian programming.

Roles and responsibilities: Collaborative actions of **Joint (CE,SBC) UN-Civil Society standing body** may include, but are not limited to, actions outlined in Table-C&FS 2: (see table on next page).

FIG-C&FS 2: PROPOSED COORDINATION STRUCTURE AT NATIONAL AND SUBNATIONAL LEVEL
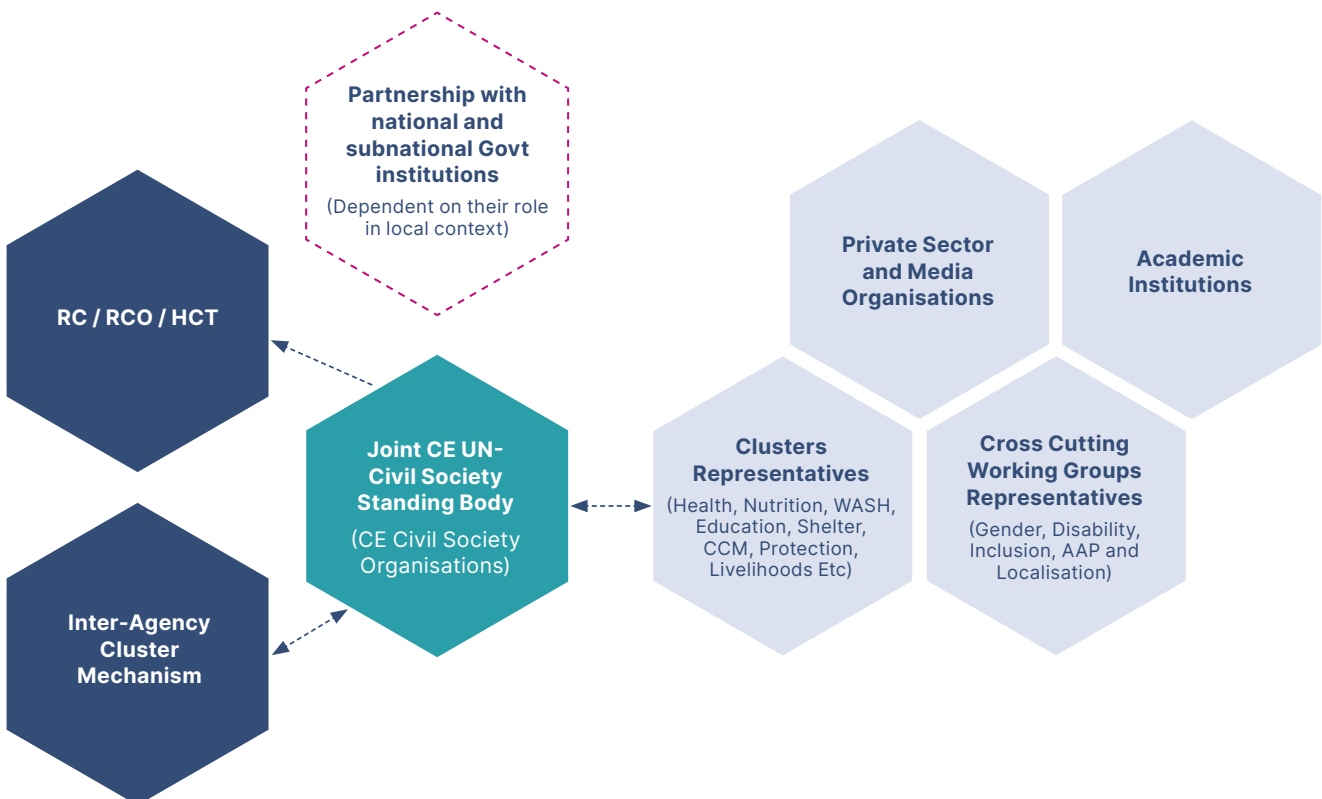
TABLE-C&FS 2: ROLE AND RESPONSIBILITY OF JOINT (CE,SBC) UN-CIVIL SOCIETY STANDING BODY

5Ws Mapping	The mapping exercise will entail specifying who does what, where, when and for whom (5Ws) with respect to CE,SBC in the country. A designated UN and civil society engagement capacity within the country presence should create a comprehensive and centralised database on partners based on contextual analysis, local civil society mapping and internal assessment. The mapping will cover (1) local civil society actors working in peacebuilding (type of peacebuilding work, gender and age leadership and membership, previous/ongoing peacebuilding interventions with UN/international agencies including funding sources and modalities), (2) peacebuilding needs and potential initiatives, (3) existing capacities and capacity needs, and (4) possible risks to CE interventions and possible risks while partnering UN/government in line with and complementary to Common Country Analysis (CCA). This would need to be regularly updated and shared by the standing body, working under an existing mission or RCO staff.
CE,SBC joint planning	Under the leadership of RCO/HCT and clusters, the joint body will coordinate integration of CE,SBC actions within Humanitarian Response plans as well as their alignment with CE,SBC implementing partners and their individual organisational mandates. It will also cover prevention of outbreak escalation, continuation and recurrence of conflict.
Local capacity development	Internal assessment of UN field missions and country teams' collective capacity for civil society engagement, including with women and youth-led organisations will ensure community concerns and local voices in peacebuilding and sustaining peace are understood. They must be considered in the humanitarian/UN's strategic decision-making, political processes and programme design at the country level.
CE,SBC Data for action	Context-specific analysis of relevant communities, including community-wide perception and understanding, community background and context as well as mapping of operational context must be undertaken. It is important to build community-level conflict analysis and map conflict drivers and peace mechanisms/factors. Those in need of psychosocial support must be included. Operational context must cover accessibility (including ICT capacity) and safety/protection needs and existing/available local resources and popular mode of community engagement platforms and trusted sources of information.
Scaling-up harmonised CE,SBC approaches and resources among sectors/clusters	Finalise SoPs for community engagement and IEC materials, briefing notes to influence decision-making and collaboration between stakeholders. At risk and affected communities must be engaged through local media and platforms to develop appropriate messages. Vulnerable communities must be involved with the entire process of collation, review, revision and pre-testing.
Monitoring, evaluation, accountability and learning	Social science studies must link themselves with community engagement, culture, behavioural change and specific country contexts. Real-time community feedback mechanisms must ensure feedback that informs CE,SBC actions across phases of conflict. Monitoring, evaluation and knowledge management systems should support information on entitlements and feedback on complaints redressal to communities while encouraging dialogue and course correction. This could include Joint-Inter-Agency Feedback Mechanisms that support joint analysis, community-based in peacebuilding processes in response to the country's conflict crisis.
Positive peace narratives	Jointly as a CE UN-civil society standing body, efforts must be made to build positive narratives for peace. These are an important tool to transform conflict and re-establish the culture of peace. They also foster reconciliation and healing in the context of conflict and violence. 🔧 **Policy Brief – Engaging Narratives for Peace**

Several good examples of CE UN-civil society standing body or coordination mechanism exist globally. While these may be referred to by different names, the nature of support provided to community engagement interventions and of sustaining peace efforts remains the same. Communicating with Disaster Affected Communities (CDAC) has been investing through its partners strategically and scaling up institutionalisation of coordination mechanisms for community engagement for conflicts. Below is an example of Afghanistan's CE coordination mechanism that continues to support interventions under the leadership of HCT.

BOX-C&FS 1: COMMUNITY ENGAGEMENT WORKING GROUP UNDER HCT: AFGHANISTAN

Context: Established in 2018, the Afghanistan Community Engagement Working Group (CEWG) provides technical and coordination support to the integration of community engagement and AAP into the programme cycle and informs decision making and enhancing local participation.

Government Links: NA

Leads/Chairs/Co-Chairs: During the initial period, the CEWG was co-led by UNOPS and WFP with a core consortium of UNHCR, OCHA, IOM, ACBAR, UNICEF and NRC. The CEWG reports to and is endorsed by the Humanitarian Country Team (HCT which is now led by WFP).

National and International Actors involved: Afghan Development Association, Development and Ability Organization, Afghan Planning Agency, Rural Capacities Development Committee, Future Generations Afghanistan, Today's Afghanistan Conciliation Trust, New Consultancy and Relief Organization, and the Agency Coordinating Body for Afghan Relief and Development (ACBAR). The Community Engagement Working Group includes a number of UN Agencies as well as International organizations including: UNOPS, UNHCR, WFP, IOM, UNOCHA, UNICEF, Première Urgence Internationale, Norwegian Refugee Council, Mercy Corps, Medair, Save the Children, Mission East, Health Net International, European Civil Protection and Humanitarian Aid Operations (ECHO), Danish Refugee Council, Danish Committee for Aid to Afghan Refugees, Care International, Action Contre La Faim, International Committee of the Red Cross, International Medical Corps, International Rescue Committee, Intersos, Norwegian Church Aid, and OXFAM.

Donors: The group has been led by WFP and UNOPS without dedicated funding but through staff time.

Opportunities and Challenges: The CEWG has conducted a CE mapping and survey exercise. The activities seem to be prevalent across all provinces with strong engagement in Kabul and Nangarhar and weaker in hard-to-reach areas in the western and northern regions. To support mainstreaming, findings suggest that groups make a shift towards engaging with communities in harder-to-reach areas/locations impacted by a high level of displacement and significant returns, promote community structures and the incorporation of local capacities, establish accountability to affected populations (AAP) focal points at local levels, and advocate for dedicated resources (personnel and funds).

🔧 **CDAC-Network Guide on National Platforms**
🔧 **ToR for South Sudan**
🔧 **OCHA Contingency Planning Template**

KEY TAKEAWAYS FOR CE PRACTITIONERS

- Joint CE UN-Civil Society standing body at national/subnational level must be established/function under the leadership of relevant RCO/HCT/Inter-Agency Clusters. This centralised coordination role by senior leadership in mission and development setting should be complemented by strengthened individual CE capacities across UN agencies and humanitarian organisations.

- RCO/HCT could play a proactive role to streamline and coordinate sustainable CE functions and actors from UN agencies and civil society organisations at country level. The standing body must actively engage with clusters/sector WGs and ensure activities are aligned with Integrated CE,SBC-HPC Common Action Framework for all conflict phases.

- Coordination must be applied across each aspect if the Integrated CE,SBC-HPC Action Framework and include interventions such as 5Ws mapping to avoid duplication of efforts. CE,SBC Contingency Plan, local capacity development for CE,SBC, Social and Behavioural data for action, scaling up of harmonized approaches and resources across sectors/clusters and Monitoring, Evaluation, Accountability and Learning.

- Strengthen individual community engagement capacities across UN agencies and civil society organisations to ensure a wide spectrum of community concerns and local voices in peacebuilding and sustaining of peace. These must be understood and considered in the humanitarian/UN's strategic decision-making, political processes and programme design at country level.

KEY ACTIONS FOR CE PRACTITIONERS

- Support/facilitate establishment /functioning of Joint CE UN-Civil Society Standing body under leadership of RC/RCO/HCT.
- Participate in coordination meetings and contribute to:
  - Mapping of community analysis and local peacebuilding of civil society actors and determining strengths, gaps and ways of collaborating at national and subnational levels.
  - Maintaining mapping of community networks and influencers nationally.
  - Outlining institutions and implementing partners' accountabilities.
  - Developing CE,SBC Contingency Plan with linkages to CE,SBC Strategic Response Plan.

Photo credit: © UNICEF/UN067933/Hatcher-Moore

3.5
CE,SBC Data for Preventing Conflict and Sustaining of Peace

The HCs and HCTs in protracted crises, often in conflict and post-conflict situations, are engaged in an annual needs analysis. Since social contexts and interactions are constantly evolving, humanitarian actors are advised to use in-depth community-specific conflict analysis and assessments for peacebuilding needs. This will ensure communities have a deeper understanding of nuances related to language, ethnic groups, belief systems, religious practices, and cultural and traditional norms, paving the way for more country-specific conflict prevention and sustaining of peace programming

Aligning CE,SBC Data for Action with HPC in Protracted Crisis

This step in CHAT is part of evidence generation tools and resources which connect social and behavioural data across different phases of conflict in ways that are participatory and transparent. It also mainstreams social science in conflict analysis with communities better placed to dwell on multidimensional factors and drivers (history, politics, society, economics, and security). This helps them understand the nature and extent of their vulnerability, especially those belonging to marginalised and excluded groups, including women, children, the elderly, disabled, migrants and displaced populations, helping to improve overall quality of CE and sustainability of humanitarian programing.

These frequent evidence-generation tools and resources are easy to use and apply and acceptable to communities. They intend to create space for them to amplify issues that affect them and influence decision-makers to take action including refining their conflict mitigation actions, components of the implementation and human resource plan and budgeting and financing for CE,SBC.

In Northeast Syria, mixed-method assessments that included focus group discussions and field surveys helped establish better understanding of communities, their traditions, norms and culture. It also provided insight in the root causes and other contributing factors that exacerbated the conflict situation. The findings helped designing better community targeted interventions-Syria Country Validation, May, 2022.

A

Community Context Analysis under Conflict Analysis

As part of Risk Analysis and Monitoring or Common Country Analysis, communities must contextualise their conflict scenarios and vulnerabilities with deeper understanding of the local context. (🔗 Common Count ry Analysis, UNDAF) Both tools provide comprehensive country assessment of conflict, opportunities and challenges encompassing human rights, gender, equality, peace and security and humanitarian perspectives. Humanitarian actors (UN and CSOs) must conduct gendered conflict-sensitive and risk-informed joint community contextual analysis and mapping of local civil society actors on regular basis, to assess the latest peacebuilding needs and priorities. This analysis would scope the general peacebuilding context of the relevant community while mapping will help identify local civil society actors working in peacebuilding within the community (see Table-C&FS 3 below). The contextual analysis and mapping must be trauma sensitive. It should have inputs from gender experts and individuals and groups who have experienced conflict-related trauma and who understand the importance of psychosocial support.

To complement the analysis and mapping, UN peacekeeping and special political missions and country teams are advised to conduct an internal assessment of the UN's collective capacity in local civil society engagement in ongoing peacebuilding interventions. This assessment should be guided by Community Engagement Minimum Standards (CEMS)and partners who self-assess their capacities based on the checklist provided as a tool.

🔧 **CEMS Checklist**

TABLE-C&FS 3: COMMUNITY CONTEXTUAL ANALYSIS AND MAPPING OF LOCAL PEACEBUILDING CIVIL SOCIETY ACTORS

Community Contextual Analysis	**Community-wide Perception and Understanding** • Collective perception of the UN and local CSOs. • Understanding of peacebuilding and sustaining peace. • Community-level conflict analysis (including conflict drivers and peace mechanisms factors), including those in need of psychosocial support. **Community Background and Context** • Community-wide perception and understanding. • Demography (including information on marginalised populations). • Age and sex-disaggregated data. • Language, culture and tradition (including communal calendar). • Previous and/or existing peacebuilding interventions (good practices and lessons learned). **Operational Setting** • Accessibility (including ICT capacity) and safety/protection needs and existing/available local resources. • Popular mode of communication.
Mapping of Local Civil Society Actors in Peacebuilding	• Type of peacebuilding work. • Gender and age of leadership and membership (among other possible factors which could be considered developing on what is relevant in the context to ensure diversity). • Previous and ongoing peacebuilding interventions with the UN and/or international, regional or national stakeholders (including funding sources and modalities). • Urgent peacebuilding needs and potential initiatives including existing capacity and capacity needs. • Possible risks for project implementation. • Relationship with the UN/Government (including partnering with ministries).
Internal Assessment of UN and Local CSOs Field Capacity for Community Engagement	Internal assessment of UN field missions and country teams' collective capacity for civil society engagement, including with women and youth-led organisations, against ongoing peacebuilding interventions.

B

CE,SBC Needs Assessment within Joint Needs Assessment/Joint Intersectoral Assessment Framework

A multisectoral, Joint Needs Assessment provides the evidence base for humanitarian response. It is used to ascertain the conflict context, prioritising peacebuilding needs of affected communities and defining strategic objectives, operational plans and resources required, both human and financial. It is important to integrate CE,SBC Needs into Needs Assessments and supplement these with social, cultural and behavioural understanding, using participatory approaches. This must include disaggregated variables such as age, gender and disability with potential to impact people's behaviours related to ethnicity and income levels. It is critical that different sectoral assessments identify high risk practices, that have implications on collective and individual behaviours among affected caregivers and communities.

These findings will help develop detailed CE,SBC response in line with Sphere Standards and CCCs for different sectors.

It is critical that different sectoral assessments identify high risk practices that have implications on collective and individual behaviours among affected caregivers and communities. These findings will help develop detailed CE,SBC responses in line with Sphere Standards and CCCs for different sectors.

A formal assessment with community engagement needs is important for all sectors including health, water and sanitation, education, child protection and shelter so they are better equipped to meet needs of at risk and marginalised communities. Refer to Box-C&FS 2 and to attached.

🔧 **A Quick Guide for Community Engagement Needs within Joint Needs Assessment**

BOX-C&FS 2: A QUICK GUIDE TO INTEGRATING CE,SBC NEEDS WITHIN JOINT NEEDS ASSESSMENT CARRIED OUT BY CLUSTER LEADS IN CE,SBC PRACTITIONERS IN THE FIELD

What is the *Quick Guide to CE,SBC Needs within Joint Needs Assessment*?

A guidance for collecting social and behavioural data in the context of outbreak/escalation/continuation of conflict. The questions and guidance provided can be used to enrich the data collected in the needs assessment. It must address other social, cultural, and behavioural issues and gaps of the affected population (Health, Water Supply, Sanitation and Hygiene, Food Security and Nutrition, Shelter and Settlement).

Who should be involved with *Joint Needs Assessment with CE,SBC Needs*?

Under the leadership of HC, needs assessments are a participatory process conducted by a mixed group of stakeholders including CE humanitarian actors and local civil society organisations (Joint Intersectoral Analysis Framework-JIAF, 2020). Affected communities must be engaged as part of the process.

When should Joint Needs Assessment be taken up with CE,SBC Needs?

As part of MIRA, CE,SBC needs should be initiated immediately after the sudden onset of crisis. It must be part of the initial secondary data analysis for MIRA and the said analysis should be completed within 72 hours. A MIRA should be finalised within 14 days to inform HRP. The HC and HCT must decide the most suitable timeline in close coordination with the inter-cluster coordination group.

What are the stages of CE,SBC Needs within Needs Assessment?

The stages of Community Engagement Needs within Needs Assessment are aligned with JIAF.

Stage 1	Stage 2	Stage 3	Stage 4
Plan, design, and define information needs	Collate and collect qualitative and quantitative data	Joint analysis through structured discussion	Validate

C

CE,SBC Protracted Needs Overview Analysis

A humanitarian needs overview is developed through an inter-agency process which analyses existing needs data and other information prior to reaching an understanding of peacebuilding needs and priority issues. The CE,SBC Protracted Needs Overview Analysis assimilates available information related to vulnerabilities and capacities, evolution conflict and dynamics of current events. It identifies all relevant groups and develops deeper understanding of communities and their characteristics related to language, ethnic groups, belief systems, religious practices as well as cultural and traditional norms.

The analysis is largely based on existing secondary data derived from prevailing Conflict Scans/Conflict Analysis, KAPB sections/components, communication and information needs that are sourced from multi-cluster and sectoral assessments. These are combined with monitoring data and judgement of community engagement practitioners, and community-based organisations and representatives of affected communities including marginalised groups. This CE,SBC Needs Analysis is then embedded in the Common Country Analysis and regularly updated with risk profile as outlined by HCT.

It is based on existing secondary data derived from prevailing Conflict Scans/Conflict Analysis, knowledge, Attitude, Perception and Behaviour (KAPB) sections/components. This CE,SBC Needs analysis will be imbedded in the Common Country Analysis and must regularly updated along with the risk profile as outlined by the HCT.

BOX-C&FS 3: CE,SBC PROTRACTED (HUMANITARIAN) NEEDS OVERVIEW ANALYSIS FOR CONFLICT AND FRAGILE SITUATIONS

When to conduct CE,SBC Protracted Needs Overview?

CE,SBC Needs Overview Analysis for protracted conflicts is fully aligned with the Humanitarian Needs Overview timeline and process. This is usually conducted between September to October each year. However, the planning timeframe is flexible and can be contextualised to local needs. Some partners or implementing agencies conduct their own Community Context Analysis/KAPB multisectoral or sectoral assessment. It is important to align them with the common framework of enquires, so all partners can leverage from evidence generated.

When should the CE,SBC Protracted Needs Overview be done?

CE,SBC must be conducted as part of the overall Humanitarian Needs Overview. Resultantly, it should follow the below mentioned steps adapted from HPC steps, to ensure complete alignment to the process:

1. Ensure the analysis plan includes indicators for measuring CE,SBC needs and agreed parameters for collecting, analysing and sharing information, including systemically establishing community feedback processes and engaging affected people to seek their perspectives on needs and priorities. Also, to see how these are being met and gaps addressed.

2. Consolidate CE,SBC data and identify information gaps.

3. Undertake joint CE,SBC analysis, validate and triangulate findings with national counterparts especially of Joint CE UN-Civil Society Standing body, partners and affected communities and their families.

4. Ensure CE,SBC findings are included in the dissemination of outcomes of Humanitarian Needs Overview and use the findings to inform CE,SBC Strategic Response Plan and improve quality of humanitarian response.

5. Share findings with conflict affected communities and engage and help them to participate actively in the review process and use their feedback to improve CE,SBC actions to build and sustain peace.

Who does what for CE,SBC Humanitarian Needs Overview?

Under the guidance of RCO/HC and as part of overall Humanitarian Needs Overview, CE,SBC Protracted Needs Overview can be initiated by the Joint CE UN-Civil Society Standing body. The CE,SBC must be well mainstreamed as part of sectoral commitments and coordinated with clusters/sector groups, cluster coordinators, technical experts and community representatives-participating in data analysis process. It is crucial that all members of CE,SBC coordination mechanism are well engaged and organisational priorities are addressed to help them apply the findings in their response programming.

(*&* Adapted from: Joint Needs Analysis-Humanitarian Needs Overview IASC-Module Implementation of The HPC, Version 2.0, Page 7)

(*&* Humanitarian Needs Overview-Syria)

KEY TAKEAWAYS FOR CE PRACTITIONERS

- CE Data for Action creates a holistic social and behavioural evidence base and addresses long-term (social, cultural, political and economic drivers of fragility and conflict) and immediate crisis-led information needs.
- This step in CHAT connects social and behavioural data across all phases of conflict to ensure it is led by communities and is undertaken in a participatory and transparent way to improve quality of community engagement while ensuring sustainability of humanitarian programmes.
- CE,SBC Protracted (Humanitarian) Needs Overview is aligned to HPC data steps and includes: (a) Community Context Analysis under Risk Analysis and Monitoring, (b) CE,SBC Needs Assessment within Joint Needs Assessment, and (c) CE,SBC Protracted Needs Overview.
- All three elements of CE,SBC Data for Action must be conducted under the leadership of RCO/HCT Joint CE UN-Civil Society Standing body in close collaboration with clusters and affected communities to ensure effective humanitarian programming. Affected communities must provide feedback and validate findings.

KEY ACTIONS FOR CE PRACTITIONERS

Under leadership of RCO/HC and as part of the Joint CE UN-Civil Society Standing Body:

- Advocate to mainstream CE,SBC Data for Action with RCO/HC and HCT in HRP /Annual Planning/Multi-Year processes.
- Ensure social and behavioural data is integrated within Common Country Analysis and voices and feedback of at risk and affected communities are integrated in the needs/analysis process. Ensure use of Quick CE,SBC Needs Assessment Guide during Joint Needs assessment and inform CE,SBC Strategic Response Plan.
- Support and contribute in CE,SBC Humanitarian Needs Overview and follow steps outlined in BOX-C&FS 3.

Photo credit: © UNICEF/UN043945/Holt

3.6

CE,SBC Response Plan for Sustaining Peace

The CE,SBC Response Plan for sustaining peace is aligned to annual or multi-year planning in protracted crisis. HC and HCTs engage in an annual needs analysis and response planning process from September to November. This occurs mainly in countries with protracted conflicts, such as Syria, Yemen, CAR, Afghanistan, and Iraq. However, the planning time frame is flexible and can be adapted based on local operational requirements.

What are the Key Considerations for Annual or Multi-Year Humanitarian Planning in a protracted crisis?

- In contexts where needs and planned responses change little from year to year or during multi-year programming like resilience-building actions are underway, a multi-year HRP can be considered with CE,SBC outcomes. The consideration of HRP combined with the CE,SBC outcomes allows for a local context-oriented approach, which accounts for incremental results and ensures that responses effectively strengthen resilience.

- In the ongoing nature of protracted crises, the programme cycle timeline is extended to allow for broad consultation at both national and subnational levels. HC and HCT ensures that a contextually-adapted programme cycle approach is developed and takes into account *a light touch process*. It includes (1) convening of a meeting as per the programme cycle calendar, (2) development of humanitarian needs overview, (3) finalisation of HRP, and (4) periodic monitoring. Based on local needs, HC/HCT may decide to package HRP and HNO for advocacy and fundraising (participate in light-touch process).

- Emergency response preparedness actions are undertaken on an ongoing basis and make it possible to respond faster, more appropriately and efficiently.

The CE,SBC Strategic Response Plan must be developed as part of the Country HRP to ensure it addresses overall assessed needs of affected communities, HRP objectives and strategy. This will prevent CE,SBC plan from becoming stand-alone or detached from rest of the humanitarian response programming. In line with HRP, the CE,SBC Response plan must harmonise and be complemented by clusters/sector plan components.

When should the CE,SBC Response Plan be Developed?

The CE,SBC Strategic Response plan for sustaining peace should be developed within 30 days of November each year in case of an ongoing crisis. It builds on the CE,SBC humanitarian needs overview that considers the peacebuilding needs of the communities' priority issues and likely evolution of the conflict situation.

Who does What in the Development and Implementation of the CE,SBC Response Plan for Sustaining Peace?

- Under the leadership of RCO/HC and Clusters, the Joint CE UN-Civil Society Standing body will guide and lead the CE,SBC planning process. The Standing body will provide oversight for implementation of activities to ensure alignment with humanitarian response commitments and quality programming.

- Along with community engagement partners, the plan outlay covers modalities for involving affected communities and priorities for the design of overall strategy and cluster components. The plan will be later used by implementing partners to further to adapt it at their organisational level before rolling-out activities in their mandated areas.

UN SOMALIA

The UN in Somalia has promoted community-based planning (CBP) to strengthen engagement with local actors in development and peacebuilding processes in response to the country's mass displacement crisis. CBP is defined as a process which empowers communities and includes vulnerable socio-economic groups and their leaders, to demand and actively participate in development interventions relevant to them. The desired outcome of this process is to agree on shared priorities within and among communities and assist communities to access resources and promote social cohesion and integration between displaced and host communities. Priorities provided a basis for community action plans that became the local reference point to which development actors could align their support and finalize the development of a plan that the country could follow.

FIG-C&FS 3: ANNUAL OR MULTI-YEAR PLANNING IN PROTRACTED CRISIS: HPC
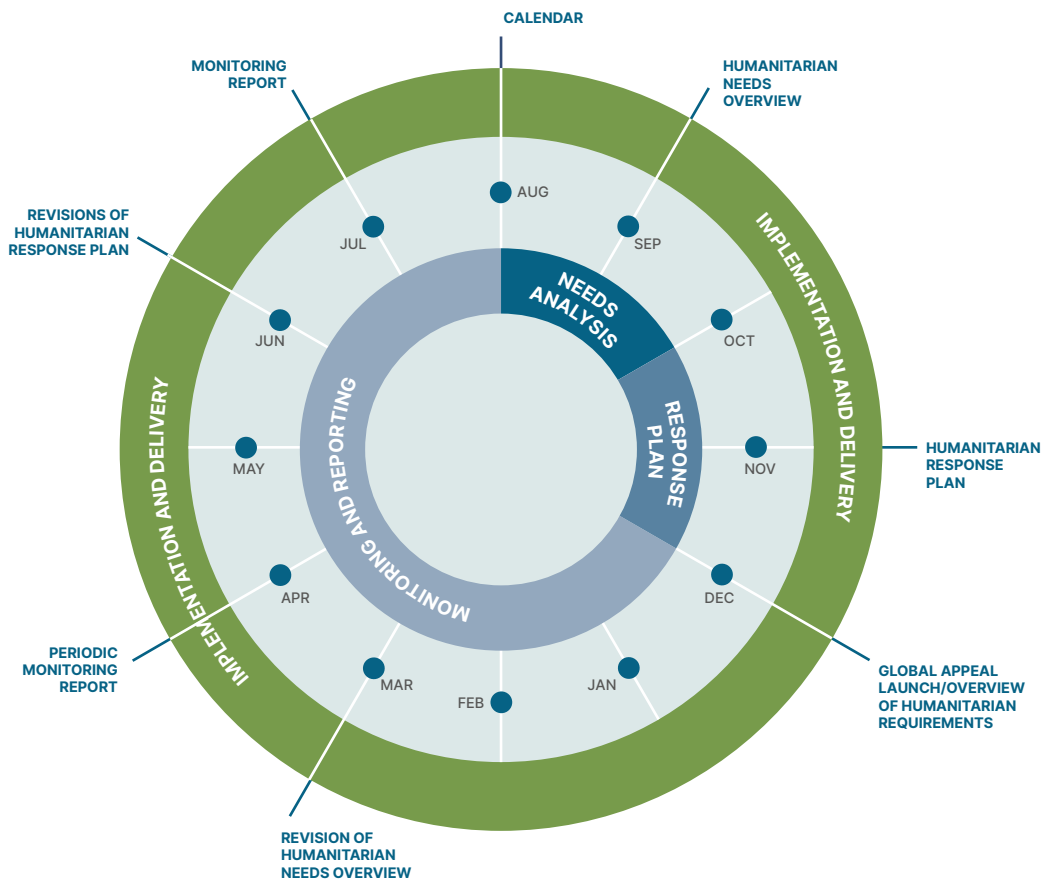
Important Criteria for CE,SBC Response Planning

- Ensure application of *Do More Good* (conflict sensitivity) and *Do more good* (peacebuilding) principles.
- Address all phases of conflict and align programming approach accordingly (latent/acute/immediate post conflict and sustainable peace and development).
- Include open and transparent dialogue and community engagement platforms which are essential to conflict resolution. Lack of reliable and trustworthy information fuels rumours and even violence. Engaging in meaningful conversation and the opening of safe spaces for dialogue is essential to peacebuilding.
- The *musts* for CE,SBC national peace process and peace building interventions includes:
  - Community engagement channels and platforms between individuals in conflicts, within groups where conflict exists, within groups or communities in conflict, and between communities and organisations such as multilaterals, NGOs, government (in case it is not a failed state), where cooperation and coordination is needed.
  - Interventions where community engagement can play a role in the broad field of conflict prevention

and peacebuilding. This applies to conflict prevention, early warning, crisis response, conflict monitoring and community peacebuilding and the post-conflict, reconciliation and reconstruction phase.

- Active engagement with vulnerable, excluded and marginalised groups through available tools and platforms, including traditional and new forms of media (from public meetings, radio, social networks). This engagement helps address the root causes of conflict and creates positive peace narratives. Equal access to resources is important to build and maintain trust for peace building through social cohesion. This is critical at the community level, especially in local contexts like camp settings.
- Meaningful participation of conflict affected communities (from all groups, nations and religions) and local civil society actors should be encouraged. This should apply to decision-making, analysis, design, planning, implementation, monitoring and evaluation and reporting of peacebuilding programmes. Engaging at the early stages and throughout the process with a guaranteed feedback loop and exit strategy with local resources ensures sustainable impact at the humanitarian intervention level.

TABLE- C&FS 4: DEVELOPING AND IMPLEMENTING CE,SBC RESPONSE PLAN FOR SUSTAINING OF PEACE

Key Actions	Action Details	Who is responsible
Coordination Action: Joint CE UN–Civil Society Standing body leads and guides planning and implementation process	The Joint CE UN–Civil Society Standing body will work with a diverse set of stakeholders from clusters, UN agencies, NGOs and Community representatives to determine: • Social and behavioural results for objectives and sectoral commitments aligned with HRP • Accordingly, include CE,SBC minimum actions for sustaining peace including inclusion and participation of affected communities in grievance redressal, peace negotiations and political transitions Roles and responsibilities of implementing partners, timelines and budgets and monitoring, evaluation, and learning. Also, mainstream accountability as part of the CE,SBC process.	Joint CE UN–Civil Society Standing body In consultation with RCO/HCT, cluster and CE,SBC implementing partners, including local civil society actors
Align CE,SBC objectives with HRP Action: Define CE,SBC strategic objectives that contribute to the strategic objectives of HRP	CE,SBC Plan objectives will be based on Humanitarian Needs Overview and operational context. It will determine behavioural results and define SMART CE,SBC objectives. (🔗 Definition of SMART objectives) • Address drivers and root causes of conflict contributing to national peace process and demand for rights and entitlements • Support clusters to sustain equitable access to services (CE,SBC and service improvements) • Ensure humanitarian/programme response delivery with community participation and inclusion • Build positive norms that promote tolerance, sense of belonging and social accountability Operational context could include CE,SBC interventions for both conflict affected regions and areas affected by displacement. 🔨 **Myanmar HRP (Sept 2022)** 🔨 **Rohingyas HRP (2018 Bangladesh)**	Joint CE UN–Civil Society Standing body In consultation with RCO/HCT, cluster and CE,SBC implementing partners including local civil society actors
Know your participants' group well Action: Understand at risk and affected communities well and include all three groups while planning CE,SBC activities	In humanitarian action, there are numerous groups of people that need to be engaged for response plan objectives. These groups will either affect or be affected by the activities. CE,SBC interventions may include all three groups to successfully contribute in the response plan results. **PRIMARY GROUP:** *At risk/affected communities among whom behaviour/social change is intended* / **SECONDARY GROUP:** *Those who influence at risk/affected communities to adopt change* / **TERTIARY GROUP:** *Those who help create a supportive/conducive environment for change* Important notes while identifying and prioritising stakeholders: • *Special population groups and local lens of analysis[H1]:* Population groups must be identified based on local evolving conflict settings. Sometimes, standardised formats of defining people in need could be excluded. For example, a sudden outbreak of conflict could make host communities vulnerable and stretch their resources if they receive an influx of IDPs (new or protracted). While planning for refugee influx, include host community and vulnerable people with humanitarian needs *Geographical coverage and prioritisation:* Grade conflict context based on phases and prioritise CE,SBC resource investment.	Joint CE UN–Civil Society Standing Body In consultation with Cluster and CE,SBC implementing partners including local civil society actors.

TABLE-C&FS 4 (CONTINUED): DEVELOPING AND IMPLEMENTING CE,SBC RESPONSE PLAN FOR SUSTAINING OF PEACE

Key Actions	Action Details	Who is responsible
	Important to include groups that are already marginalised in the community, especially due to age, gender and ability. (🔗 Considering diversity in participant groups)	
Incorporate approaches holistically: Action: Based on the community and programme/cluster needs, include approaches that save lives and build long-term resilience to disasters	In a conflict context, start with identifying conflict sensitive and context community engagement channels with considerations of reach and credibility. Given the nature of drivers of conflict and human rights violations, it is crucial to invest in meaningful participation, inclusion and localisation to create collective action for peacebuilding solutions. Therefore, it is important to stimulate shared learning and involving of affected families and communities allowing them to determine among themselves what needs to be done, and by whom in the long run. This will help establish community ownership through home-grown solutions. To support such positive behaviour and social changes, employ the following interrelated, interdependent and interactive approaches for saving lives and building long-term resilience to natural disasters. (🔗 Definition of Approaches)	Joint CE UN–Civil Society Standing Body In consultation with Cluster and CE,SBC implementing partners including local civil society actors.
	1. Community Engagement for Social and Behaviour Change / *2. Community Engagement on life-saving information* / *3. Community Participation and feedback* / *4. Social and Behavioural Evidence Based Collective Advocacy*	
CE,SBC Data Action: Develop and use social data-based messages	Based on the conflict context, peace process related messages should be (a) culturally appropriate and relevant to the communities, (b) conflict sensitive, and (c) and contextualised for all phases of the conflict. During each stage, messages must be developed and tested together with affected communities. In many conflict settings, wherein there is a sudden outburst of the new conflict, or spike in existing conflict, both life-saving and peacebuilding interventions will be needed. Here generic messages may be available for local adaptation using a scientific yet simple process. This can be achieved by following few steps that are commonly associated with pretesting messages–during any given ongoing crisis. The messages could be assessed with a sample of intended audiences or participant groups. This will help and ensure that even during a crisis, messages are understandable, culturally appropriate, relevant to their context, acceptable and have a strong *Call for Action*. 🔗 **Rapid Messages Assessment and Steps for Pretesting of Messages** 🔗 **CDAC–Network Message Library** **The Joint CE UN–Civil Society Standing body and clusters** will amplify use of consented messages for harmonised and cohesive response among CE,SBC implementing partners.	National CE,SBC Coordination mechanism and CE,SBC implementing partners

TABLE-C&FS 4 (CONTINUED): DEVELOPING AND IMPLEMENTING CE,SBC RESPONSE PLAN FOR SUSTAINING OF PEACE

Key Actions	Action Details	Who is responsible
CE,SBC Integrated Intervention mix for multisectoral and cross-sectoral response Action: Develop a joint intervention plan to address life-saving survival and peacebuilding solutions	Focus of Interventions will be four-fold: • *Life-saving and survival practices:* This will bring together individual and family behaviours to support survival. They can be related to health, nutrition, shelter and settlements and WASH clusters focusing on providing life-saving, essential information to help communities deal with issues threatening their survival. • *Protective practices:* These will address issues related to breakdown in family and social structures, erosion of traditional value systems, potential violence, weak governance, absence of accountability and inaccessibility to basic social services and displacement. These are related to promoting violence against children and other forms of exploitation, gender equity and learning agenda to deal with the aftermath of crisis. • *Participation and inclusion in peacebuilding:* Meaningful participation and inclusion of marginalised, vulnerable and affected communities in peace negotiations, political transitions and peacebuilding interventions • *High quality CE,SBC programmes for sustaining peace:* Work with implementing partners to enhance their technical and operational capacities to engage, empower and enable effectively affected communities to participate in the peace process.	National CE,SBC Coordination mechanism and CE,SBC implementing partners

The intervention mix

Action: Adapt interventions to sectors/cluster commitments

National CE,SBC Coordination mechanism and CE,SBC implementing partners

Interventions designed to complement approaches and phases:

The Mix	Advocacy for Strengthening Systems for CE,SBC Governance and Accountability	Coordination for CE,SBC efficiency and effectiveness	CE,SBC Data for Action: CE Analysis, Needs Assessment and CE Humanitarian Overview including Community Feedback &MEAL4R
	Institutionalisation for local CE,SBC Capacity Development, Quality Standards and Assurance	Partnerships for at-scale and convergent CE platforms (Service-based, Media-based and Facility-based)	Building social capital for adolescents and community empowerment and resilience

Clusters	Health	Nutrition	WASH	Child Protection	Education	Shelter

Cross Sectors	Mainstream Gender, Age and Inclusion		
	Social Protection	AAP	Cash Transfers

🔧 **HRP Planning Guidance**
🔧 **CCCs–Sectors–wise CE,SBC Benchmarks and Commitments**

KEY TAKEAWAYS FOR CE PRACTITIONERS

- CE,SBC Response Planning process must be aligned with HRP and led by RCO/HCT jointly with Joint CE UN-Civil-Society Standing body. The Plan ideally must build on the contingency plan.*
- Some of the guiding principles of the CE,SBC Response plan include a community-led, phased approach and one that is social and behavioural-data based, multisectoral and inclusive and which strengthens CE,SBC integration within humanitarian response. The focus of the plan is on women, youth and local civil society organisations.
- Leadership of RCO/HCT in close collaboration with Joint CE-UN Civil Society Standing body should effectively engage affected communities and facilitate meaningful participation in planning and implementation of plans. Affected communities should provide feedback and participate in peacebuilding interventions and decision-making processes that impact their lives.
- CE,SBC plan must leverage a range of tools and platforms including digital engagement to improve access to affected communities, especially those in conflict settings.

KEY ACTIONS FOR CE PRACTITIONERS

- Under leadership of Joint CE-UN Civil Society Standing body, support development of CE,SBC Response Plan with all CE partners and relevant clusters.
- Ensure CE,SBC plan is aligned with HRP and outlines interventions for conflict phases and operational realities, including large-scale displacement.
- Invest in building CE,SBC capacities of local civil society organisations, and based on self-assessment of their capacities in planning and implementing CE interventions, use CEMS and mainstream CE,SBC measurement indicators with HRP-MIS.

3.7
Engagement for Peace Narratives

The Role of Narratives in managing conflict and supporting peace is already well recognised in a war-torn world. In countries with histories of political crisis or violent conflict, social groups often have different stories about what happened in the past, why it happened and what it will take to create lasting peace that benefits their group and larger society. These established narratives together form a narrative *landscape* that is specific to each context, which can either deepen or mitigate divisions.

A conflict suppressed for an extended period can feed group grievances and weaken social trust and institutions. It can have drivers and linkages that are deep-rooted. These include structural factors such as historical legacies, political geography and economic conditions like being landlocked or natural resource dependent, and institutional factors such as use and abuse of state organisations by those in power, nature of civil society and media, and distribution of power and wealth among regions and social groups. Ongoing effects of negative structural and institutional factors influence people's lived experience and form the foundation of group grievances. They may gradually accumulate or intensify in response to political, social and economic development untill such time that they push a society along the pathway to violence.

Given the power of narratives, timely and decisive engagement in response to national and subnational narratives is required to shift a society's trajectory
away from destructive forms of conflict.

This can amplify constructive narratives and, through them, foster new coalitions, encourage positive leadership and spur institutional reforms and policies that provide lasting resolution to group grievances, thus strengthening pathways to peace. Development of such narratives therefore needs specialised skills and includes three cyclical phases: assessment, strategic planning and implementation. Together, they help policy makers and stakeholders to understand their own narrative biases, reduce salience of divisive narratives and amplify constructive narratives that can gain traction at scale.

Key points to consider while working on conflict resolution and peace narratives:

- Narrative engagement is an act of doing things together. It is best done through dialogue with intended audiences. Awareness-raising about peacebuilding is no longer sufficient and cannot simply focus on messaging for fundraising needs. It is about co-constructing *normative* common sense meta-narrative of peace for the future.

- Take the time to define the narrative that is being planned and which will be communicated in terms of what is being accomplished. Additionally, reflect on master narratives that may feed into or seek to make a shift in others. Here, the narrative must be informed by social science research.

- Seek to create narrative complexity. While strategic communication often relies on elegant and simple messaging, engagement with peace narratives cannot be simplistic where one view is always right and a simple cause and effect situation exists. Over-reliance on policy arguments and divergent discourses are best avoided too.

- Work with the Joint CE-UN-Civil Society Standing body to develop partnerships with professional narrators. It will be necessary to have platforms that help maintain ongoing collaborations to reproduce and disseminate peace narratives.

KEY TAKEAWAYS FOR CE PRACTITIONERS

- Peace narratives can play an important role in countering root causes (underlying socio-economic, cultural institutional factors which create conditions for destructive conflict and violence), proximate causes and triggers of conflict.
- Constructive narratives are a critical pillar of peacebuilding interventions. Through them, new coalitions are fostered, positive leadership is encouraged and institutional reforms and policies that provide lasting resolution to group grievances scaled up, thus strengthening pathways to peace.
- Peace narratives are co-created with affected communities and are about co-constructing a normative common sense meta-narrative of peace for the future.

KEY ACTIONS FOR CE PRACTITIONERS

Under leadership of Joint CE-UN-Civil Society Standing body:
- A systematically plan is developed for building constructive narratives for peace.
- The narratives are amplified with RCO/HCT.

3.8

Budgeting for CE,SBC for Sustaining of Peace

Budgeting for CE,SBC for peacebuilding has been *ad hoc* and is yet to be integrated systematically at the country level. Presently, CE,SBC is being pushed by the Secretary General and financing is being scaled up across conflict settings. The Joint CE-UN-Civil Society Standing body will lead the country level process and align costing for CE,SBC interventions with the HRP approach outlined by RCO/HC.

CE,SBC Budgeting for Humanitarian Response Planning Process

CE,SBC budget components will be based on the vulnerabilities and needs of at risk and affected communities. Budget analysis of CE,SBC components will be guided by clusters/sectors programming needs of different phases. Key actions under the leadership of Joint CE-UN-Civil Society Standing body must include the following:

- Annual/Multi-year planning based on forecasting of financial and human resources: Jointly forecast resources for all CE,SBC actions with respective clusters. During the HRP process, integrate the required CE,SBC actions as a vertical investment (CE,SBC mainstreamed) within each cluster or cross-cutting pillar such as GBV, Disability and Cash Transfers to address CE,SBC commitments.

- Resource mobilisation plan and joint dissemination with clusters: Use OCHA sample template under guidance of Joint CE-UN-Civil Society Standing body to plan and forecast CE,SBC needs in collaboration with clusters. This plan and its donor dissemination strategy will be led by HCT and the Joint CE-UN-Civil Society Standing body will coordinate with RCO/HCT for CE,SBC funding needs and donor engagement separately, if required.

- CE Fund Management Dashboard and Financial Analysis: Joint CE-UN-Civil Society Standing body will facilitate funding allocations from pooled funds and CE,SBC implementing partners to inform financial tracking services. It will also maintain its own page on financial resources used by partners and regularly generate intervention-wise and cluster-wise reports.

🔧 **(Coming Soon) Sample Budget Planning Template**

🔧 **OCHA Resource Mobilisation Country Template**

Important considerations for CE,SBC budgeting are operational resources and processes that need to be in place to ensure CE,SBC actions/interventions are implemented. Ensure that implementing partners conduct rigorous budget planning in order to have required resources to implement CE,SBC interventions. Additionally, tracking allocations and expenditure should be mainstreamed in all clusters for CE,SBC contribution to humanitarian results.

TABLE-C&FS 5: KEY CONSIDERATIONS FOR CE,SBC BUDGETING

Domain	Key Operational Considerations to be Budgeted
Human Resources and Organisational Structures	• Staffing and management structures must be supported so as to implement CE,SBC interventions (sector/cluster, civil society, implementing partners). • Clear policies and processes are established to protect and support staff, volunteers and communities. Clear reporting and supervision is structured into RCCE intervention implementation.
Data Management	• A data management plan exists and conforms to national law and includes the return of data or analysis to local stakeholders. The data management plan should include data usage, sharing, security, and ownership issues.
Resource Mobilisation and Budgeting	• Per cent of national and international staff and volunteers who believe financial and non-financial support (supervision, training, logistics) is sufficient to ensure CE,SBC can be implemented as required. • Per cent of all CE,SBC budgets with adequate allocations for CE,SBC actions detailed in sector/cluster plan. • Per cent of funding and resource shortfalls from projected CE,SBC interventions needs.

KEY TAKEAWAYS FOR CE PRACTITIONERS

- CE,SBC budgeting component must be mainstreamed as part of HRP. The CE,SBC budgets across clusters and cross-sectors must be aligned to programming needs and requirements outlined for conflict phases.
- Joint CE-UN-Civil Society Standing body must coordinate with CE,SBC implementing partners, clusters, HCT and RCO on funding needs and funding allocations from pooled funds. It must also help partners by informing them about financial tracking services.

KEY ACTIONS FOR CE PRACTITIONERS

Under leadership of Joint CE-UN-Civil Society Standing body:
- Work with clusters and develop phase-wise CE,SBC resource mobilisation plan.
- Address immediate life-saving needs of communities and focus on peacebuilding interventions.

Photo credit: © UNICEF/UN067936/Hatcher-Moore

3.9
Monitoring, Evaluation, Accountability and Learning for CE,SBC Results

For humanitarian programmes to achieve social and behavioural results, evidence generation activities must be related to CE,SBC with linkages to inform humanitarian actions. While implementing CE,SBC actions for programmes across phases of conflict, regular information on guiding and managing programme activities, tracking progress and activities, including meaningful feedback from communities, is required. Considering evidence-generated data and feedback from affected communities will help programmes monitor what is happening and be flexible enough to adapt and improve.

Syria partners: Assessments done before any project to get enough knowledge about the tradition and norms and the culture background of the targeted community, regular assessments, individual and group sessions

In fragile and conflicted-affected contexts, it is important to establish a MEAL system that takes into account the particular constraints and complexities of the programme, especially *limited access* MEAL. Techniques for measuring and managing results in Fragile and Conflict Affected Situations are not fundamentally different from those used in peaceful and stable countries but may need to be employed more intensively, and adapted and combined with innovative approaches.

🔧 **Tool: Department for International Development/DFID**

FIG-C&FS 4: CE,SBC RESULTS BASED MANAGEMENT ROLLED OUT THROUGH MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING APPROACH WITH SIMPLE ACTIONS
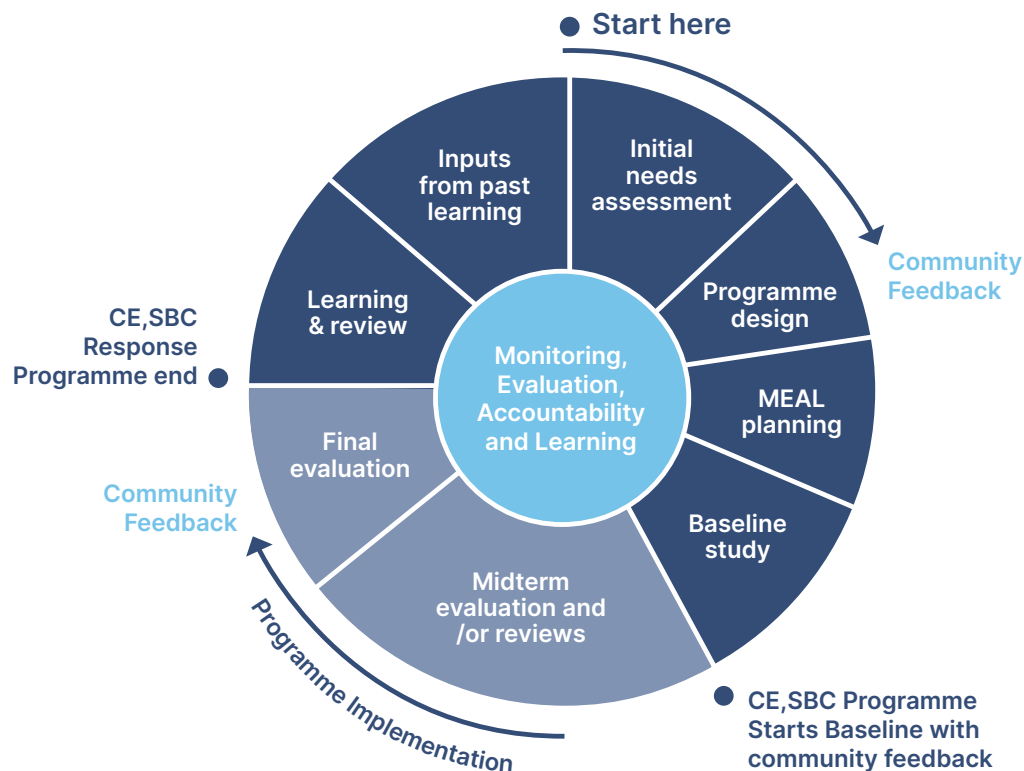
Monitoring, Evaluation, Accountability and Learning for CE,SBC Results (MEAL4R) will help comprehend and demonstrate impact of CE,SBC interventions in conflict contexts. MEAL involves tracking progress of programmes and adjusting and assessing outcomes in complex and constrained operating environment of crisis. Equally challenging is the use of this information to foster change within the organisation or even the system as a whole.

(Source: UN guidelines for community engagement on peacebuilding and sustaining peace)

Key Principles of MEAL in Fragile and Conflict Affected Contexts:

1.

The safety of stakeholders, partners and communities is paramount. The *Do No Harm* principle will always take precedence over the desire for accountability and collection of data.

2.

Data needs to be collected and stored in such a way that it cannot be accessed by warring parties. Important data on ethnicity or religion should only be collected if absolutely relevant to the programme. Any data that can identify a person or household can be potentially dangerous to the targeted population.

3.

Limited access monitoring is dependent on trust in partners, community monitors, and other actors. If there is little or no trust, monitoring will not be possible.

4.

The monitoring system will always include risk or conflict analysis which should be updated from time to time as any change in the situation will affect the MEAL system.

5.

The methodology needs to be cost-effective, relatively easy to use and flexible. Flexibility is critical in case situations change. Additionally, all members of the community and grassroots organisations should be able to use it.

6.

The methodology needs to be innovative. Many programmes in FCAS contexts will have difficult-to-measure, *soft* objectives, such as improving governance, which means innovative tools will need to be adopted. A broad range of monitoring and evaluation tools may be required or need to be combined to measure different objectives. Remember there is no one correct or blueprint approach.

7.

Be gender aware by recognising that women and men engage with, and are affected differently by, conflict.

8.

Accountability, in particular, needs to reflect over the situation, and the system used needs to be conflict-sensitive so that it does not aggravate grievances, tension or vulnerabilities – directly or indirectly. It must consider perspectives of local groups who may themselves be involved in, or affected by, conflict. Be careful of bias as groups may have their own agenda and CE partners need to remain neutral.

Photo credit: © UNICEF/UN0141034/LeMoyne

Action 1: Align CE,SBC Results to HRP	In conflict settings, RBM based CE,SBC programming must be aligned to Country HRPs/ Annual or Multi-Year planning that will include context and situation analysis to identify key barriers and drivers related to inequity and marginalisation while being of a specific behaviour or practice.

1.1 Strategic Prioritisation of Practices/Behaviours Will Include Both Behavioural and Social Change Results in Protracted Conflicts. It Will Include Four-Fold Focus: (Ref: Behavioural Results)

- Improved life-saving practices
- Increased equitable access to services by gender, disability and age
- Improved trust in institutions and social inclusion and social accountability
- Increased tolerance, sense of belonging and social relationships among/between ethnic groups

1.2 CE Indicators to Inform Sectoral Commitments Within HRP to be Selected From the Following:

Standards and Indicators Supporting What is to be Achieved	1. Sphere Standards 2. Child Protection Minimum Standards (CPMS) 3. INEE Standards (Education in Emergencies)	4. Core Commitment of Children in Humanitarian Action (CCCs)
Operational	• Community Engagement Minimum Standards	

(⚭ SBC/CE,SBC Standards Landscape and Indicator Analysis, CCCs, CHS and CEMS)

Roles and Responsibilities: Selection of indicators for HRP facilitated by Joint CE UN-Civil Society Standing body in collaboration with CE,SBC Implementing partners, clusters and cross-sector working groups.

Action 2: CE,SBC Monitoring	CE,SBC Humanitarian Programme Planning must define key objectives and interventions to be implemented. Indicators developed around key objectives will be monitored through a baseline and regular evidence-generation activities in the course of programme and/or implementation.

CE,SBC Monitoring Essentials	Establish a CE,SBC-Joint MEAL System.	To be clear on what to measure and who is responsible.	Only collect information that is needed. Disaggregate data by gender, age and vulnerable groups.	Involve affected communities in defining objectives and monitoring activities.	Communicate Results to relevant stakeholders.

Roles and Responsibilities: Selection of indicators for HRP are facilitated by Joint CE UN-Civil Society Standing body in collaboration with CE,SBC Implementing partners, clusters and cross-sector working groups.

🔧 **MEAL in Fragile Contexts, OXFAM**

Action 3: Mid-Term/ Impact Evaluation	CE,SBC mid-term evaluation and end-of the response are critical exercises defining overall impact, relevance, efficiency and effectiveness of CE,SBC interventions for clusters in crisis response. CE,SBC evaluations provide learnings on what has worked, what has not worked for the programmes and what can be improved in similar humanitarian settings.

Simple Key Steps to be Followed for CE,SBC Evaluations in Crisis:

1. Evaluation can measure (a) CE,SBC activities, (b) programme accountabilities to the communities (i.e., participation of affected communities in planning, managing and guiding the CE,SBC response activities), (c) and the way monitoring, evaluation has been conducted in a participatory and transparent manner.

2. Prioritise what needs to be evaluated.

3. Engagement of communities across the process is critical including at the end of the project. Ensure they are part of the evaluation process. Make sure all different segments of the affected community including men, women, boys, girls, and marginalised/vulnerable groups such as those with disability, children or elderly are part of the process.

🔧 **CE,SBC Evaluation Process (Adapted from IFRC CEA Toolkit)**

Action 4: Case Studies	Develop a knowledge management plan, document good practices and share learnings as widely as possible. Learning agenda should inform forthcoming conflict resolution and sustaining of peace.

Case Studies:

Provide greater insight into issues and challenges. The case studies can be done through clusters/ HCT/Joint CE UN-Civil Society Standing body to avoid duplication of effort.

🔧 **Case Study Template**

KEY TAKEAWAYS FOR CE PRACTITIONERS

- Based on *agreed* standards and indicators, roll-out MEAL holistically and cover all phases of conflict and align it with cluster monitoring components.
- Refer to standards and indicators from Sphere, CHS and CEMS. While first three support *what needs to be measured for CE,SBC interventions* CEMS outlines how implementing partners will measure their own efficiencies in managing CE,SBC interventions in the field.
- Standards and Meta guidance for all clusters and cross-sectors to be provided and used based on local context and country HRP priorities.
- Affected communities are at the heart of the MEAL process and ensure all segments are engaged throughout MEAL cycle.

KEY ACTIONS FOR CE PRACTITIONERS

Under leadership of Joint CE-UN-Civil Society Standing body and clusters:
- Identify standards and indicators for reporting.
- Develop a MEAL monitoring and evaluation KM plan.
- Conduct monitoring, evaluation activities and map good practices for future learnings.

Photo credit: © UNICEF/ UN0208863/Sokol

3.10

The Checklist: CE,SBC for Preventing Conflict and Fragile Situations and Sustaining Peace.

This Checklist is developed to help community engagement and humanitarian practitioners plan, implement, monitor and evaluate country-specific CE,SBC interventions with interconnectedness across all phases of conflict through simple actions. The Checklist has been developed in the format of a *to-do-list* and is aligned with *the Key Steps of CE,SBC for Sustaining Peace* for better harmonisation and coherence of interventions.

CHECKLIST: CE,SBC FOR PREVENTING CONFLICT AND FRAGILE SITUATIONS AND SUSTAINING PEACE

Important: Use This Section with Introduction and Overview to CHAT

Steps Aligned to CE,SBC for Conflict Subsections	Actions	Collaborating Partners	Tool/Resources
Community Engagement Preparedness for Response			
3.1 & 3.2	**Understanding of the Context**		
3.1	3.1.1 Develop understanding of local fragile and protracted conflict context including annual/multi-year planning and operational processes as outlined by RCO/HCT.	HCT/ Cluster Leads/ Joint CE UN-Civil Society Standing body	Resources: (a) Important Milestones in Peacebuilding and Sustaining Peace (b) CEMS, (c) CHS, (d) Sphere and (e) CCCs
	3.1.2 Develop good knowledge of HPC and CE,SBC Collective Action Framework and align it with annual/multi-year planning process for protracted crisis. Make note of Standards and Frameworks applicable to conflict settings (Sphere, CCCs, CHS and CEMS). Especially refer to CE,SBC Commitments and Standards across CCCs.		
3.2	3.2.1 Meet RC/HCT, identify entry points to integrate CE,SBC component within clusters and protracted crisis annual planning processes–HRP.	HC/HCT	Tool: CE,SBC Collective Action Framework
3.3	**Advocacy Actions for Integrating CE,SBC for Conflicts**		
3.3	3.3.1 Start collaborating with RC/HCT cluster-leads on integrating CE,SBC for preventing conflict and sustaining peace.	HCT/Cluster Leads/ Organisational Emergency Leads Joint CE UN-Civil Society Standing Body	NA
	3.3.2 Understand barriers and opportunities to integration of CE,SBC for conflicts and in coordination with HC/HCTs/Inter-agency clusters; Joint CE UN-Civil Society Standing body; develop and implement a resourced advocacy plan.		Tool: Stakeholder Template
	3.3.3 Hold advocacy meetings in partnership with HC/HCTs/Inter-agency cluster coordinators. These meetings must reinforce importance of engaging communities, understanding social and behavioural gaps and financing for multi-year programming.		Tool: (1) Advocacy Messages for HC/HCT Resource: Data-based Advocacy Toolkit

3.4	**Coordination for CE, SBC for Preventing Conflicts and Sustaining Peace**		
3.4	3.4.1 Facilitate RCO/ HCT in the establishment of the Joint CE UN–Civil Society Standing body. Based on discussions, suggest role and governance structure, draft/co-draft ToRs.	Joint CE UN–Civil Society Standing Body	Tool: Sample ToR from South Sudan
	3.4.2 Seek consensus on roles and responsibilities of Joint CE UN–Civil Society Standing body and validate it with RCO/HCT including cluster leads.		
	3.4.3 Ensure CE,SBC sub-committees/focal points are in place to support CE,SBC Programming. For example, sub-committees and cross-sectoral WGs under Joint CE–UN–Civil Society Standing Body include social data for action, capacity building, localization and CE,SBC linkages with AAP, gender age and inclusion Committee Media Sub-Committee.	Joint CE UN–Civil Society Standing body with CE,SBC Implementing Partners and clusters	Resource: CDAC guide to National Platforms; Message Guide–CDAC/Infosaid
3.5	**CE,SBC Data for Preventing Conflict and Sustaining Peace**		
3.5	3.5.1 Advocate to mainstream CE Data for Action with HCT planning and analysis processes.	Joint CE UN–Civil Society Standing body with HCT and support of CE,SBC Implementing Partners and Clusters and Social Data for Action Sub-Committee	Resource: (1) Common Country Analysis (UNDAF) (2) Quick Steps to Conflict Analysis
	3.5.2 Facilitate/participate in Community Context Analysis and inform Inter-agency humanitarian conflict analysis process and ensure at risk communities are sufficiently engaged.		
	3.5.3 Facilitate/participate in Joint Needs Assessment (JNA) and contribute in CE,SBC Needs Assessment. Ensure affected communities are involved in all steps of rehabilitation.		Tool: Quick guide to Needs Assessment Analysis
	3.5.4 Facilitate/support in CE,SBC Humanitarian Needs Overview. • Ensure social and behavioural data is mainstreamed in Inter-agency humanitarian Needs Overview process. • Engage at risk communities.		NA
	3.5.4 Support/participate in Clusters/HCT, in setting up joint Feedback Mechanism with affected communities. • Facilitate/participate in community consultations, map excluded groups and community channels for feedback. • Promote channels for feedback in community settings and especially among excluded and vulnerable groups.	Humanitarian Coordination Team/ Cluster Leads/ Joint CE UN–Civil Society Standing body	Tool: IFRC–Setting Up Feedback Mechanism Toolkit

3.6	**CE,SBC Response Plan for Sustaining Peace**		
3.6	3.6.1 Finalise CE,SBC Response Plan within the month of November. Ensure the Plan complements HRP and aligns to cluster objectives and includes CE,SBC objectives, participants' group, approaches, social-data based messages and interventions mix that includes life-saving interventions and building of peace.	Joint CE UN–Civil Society Standing body with HCT, clusters and support of CE,SBC Implementing Partners	Tools: (1) CE,SBC Approaches (2) CE,SBC Interventions Mix (3) CE,SBC Response Plan Template, and (4) Message Development, Rapid Assessment of Cycle for Pretesting and Localising Generic Messages
	3.6.2. Ensure CE,SBC Response Plan includes feedback of affected communities/ relevant stakeholders.		
	3.6.3 Ensure as a CE,SBC implementing partner, all new approaches are clearly mentioned and partners have access; also how they can access harmonised materials and channels to address their diverse needs.	Joint CE UN–Civil Society Standing body with HCT and clusters	
	3.6.4 Facilitate CE,SBC partners self-assessment (based on checklist/ co-conduct CHAT trainings for CE,SBC implementing partners.	Joint CE UN–Civil Society Standing body with the support CE,SBC Coordination Mechanism and clusters	CEMS self-reporting Checklist
3.7	**Engaging for Peace Narratives**		
3.7	3.7.1 Co-create constructive peace narratives with affected communities. Amplify these narratives with RCO/HC.	Joint CE UN–Civil Society Standing body with HCT	
3.8	**Budgeting for CE,SBC**		
3.8	3.8.1 Conduct and report CE,SBC Budget analysis on joint Financial Tracking Services managed by National Coordination Mechanism.	Joint CE UN–Civil Society Standing body with CE,SBC Implementing Partners	NA
	3.8.2 Develop CE,SBC budgets for cluster respectively; support and contribute to HRP planning and review process.		Tools: Phase-wise Budget Template
3.9	**CE,SBC Monitoring, Evaluation Accountability and Learning**		
3.9	3.9.1 Identify standards and indicators for MEAL jointly with Clusters and Joint CE UN-Civil Society Standing body. Develop a Joint CE,SBC MEAL Plan that contributes to HRP.	Joint CE UN–Civil Society Standing body with HCT, clusters and support of CE,SBC Implementing Partners	Tools: Standards Landscape Analysis
	3.9.2 Like all CE,SBC partners adapt CE,SBC MEAL plan to organisational commitments.		NA
	3.9.3 Ensure CE,SBC partners facilitate feedback process, collection and alignment of CE,SBC interventions.		Tool: IFRC Feedback Mechanism Toolkit
	3.9.4 Like all CE,SBC partners, evaluate CE,SBC programmes to understand what has and has not worked; and how these learnings can inform future disasters.		Tool: CE,SBC Evaluation Process and Case Study

SUGGESTED TOOLS FOR CONFLICT AND FRAGILE SITUATIONS

- The World Bank Group Strategy for Fragility, Conflict and Violence: 2020-2025
- ICRC Strategy: 2019-2024
- Global Humanitarian Needs Overview 2022
- Important Milestones in Peacebuilding and Sustaining Peace
- Humanitarian Programme Standards and Frameworks
- Stakeholder Profile Template
- Data Advocacy Toolkit
- A Reference to Support Development of Messages for RCO for CE,SBC in Conflicts and Fragile Situations
- Policy Brief – Engaging Narratives for Peace
- CDAC-Network Guide on National Platforms
- ToR for South Sudan
- OCHA Contingency Planning Template
- CEMS Checklist
- A Quick Guide for Community Engagement Needs within Joint Needs Assessment
- Myanmar HRP (Sept 2022)
- Rohingyas HRP (2018 Bangladesh)
- Rapid Messages Assessment and Steps for Pretesting of Messages
- CDAC-Network Message Library
- HRP Planning Guidance
- CCCs-Sectors-wise CE,SBC Benchmarks and Commitments
- (Coming Soon) Sample Budget Planning Template
- OCHA Resource Mobilisation Country Template
- Tool: Department for International Development/DFID
- MEAL in Fragile Contexts, OXFAM
- CE,SBC Evaluation Process (Adapted from IFRC CEA Toolkit)
- Case Study Template

SECTION 04

Disease Outbreaks and Epidemics

Risk Communication and Community Engagement

Risk communication is the real-time exchange of information, advice and opinion between experts, officials and people who face threat (or hazard) to their survival, health and social/economic well-being. The purpose of risk communication is to help people at risk make informed decisions to reduce the impact of a threat or hazard and taking preventive and timely action.

Community engagement entails developing relationships and structures that engage communities as equal partners in creating emergency response solutions that are acceptable and workable. The goal of community engagement is to empower communities to confidently share leadership, planning and implementation initiatives throughout the health emergency response cycle.

The term *community* describes an array of people and groups, connected by culture, age, gender, ethnicity, shared vulnerability or risk, common interests, values and geographic location.

(🔗 https://www.who.int/emergencies/risk-communications)

This section follows WHO Emergency guidance, policy frameworks and International Health Regulations (IHR, 2005) to plan and implement RCCE.

Important Note: Refer to your country context and use the most relevant programming framework. While engaging with national governments, use the framework suggested in the subsequent sub-sections. If in a conflict context and working through cluster mechanisms, refer to the Introduction section for an enhanced understanding of humanitarian programming and operations.

SECTION 04

Contents

Understanding the Current Context: Threats and Outbreaks

4.1
The Context

Epidemics are potentially a fatal combination of newly discovered diseases and a re-emergence of long established ones. These along with emerging infectious diseases have been increasing in frequency and intensity. No country or region is spared. The world has seen recurring outbreaks of influenza, Ebola, Chikungunya and Zika viruses and those caused by novel pathogens such as disease X and the Severe Acute Respiratory Syndrome Coronavirus-1 (SARS-CoV-1) and SARS-CoV-2 or COVID-19. While not all infectious diseases have created a public health crisis, many have caused large-scale devastation.

What has been common to nearly all these disease outbreaks is that they have exposed the limitations of public health systems globally. They have challenged global, regional, national and local capacities to step up their preparedness and response. In fact, many nations have proven to be vulnerable to public health crises and even the most prepared countries have struggled to implement a systematic and coordinated response across agencies, partners and levels of governance structures. During an outbreak, national health systems have got very quickly overwhelmed. They have found it harder to ensure continuity of health services and sustain health sector gains. Most importantly, people's trust in the public health system has wavered and engaging them in meaningful response has become a bigger challenge even as countries strive to deliver quality care.

Thrust is now on being more prepared for the next outbreak and epidemic

Today, there is global momentum to be better prepared for the next infectious outbreak or epidemic. Conscious steps are being taken to identify gaps in building global outbreak response that can strengthen preparedness to manage the outbreak with minimal loss to human life and property. A high-level, cohesive, resilient and sustainable system for an outbreak/epidemic preparedness and response is fast becoming a national and global priority. Also, establishing country-level accountability mechanisms, adopting a whole-of-society approach with greater attention to non-biomedical approaches is being sought. Countries are re-examining their economic policies and systems, social norms, social constructs and political scenarios as they ramp up their efforts at disaster preparedness.

🔧 **10 Key Facts About 15 Deadly Diseases, Managing Epidemics, WHO, 2018**

Photo credit: © UNICEF/UN0392795/Ziavoula

4.2

Disease Outbreaks and Epidemics: Frameworks, Programming Guidance, Relevance for RCCE

There are global and legal binding frameworks that define the rights and obligations of nations in handling public health emergencies. They guide national governments and humanitarian actors to implement actions following a phased approach through the phases of prevention, preparedness, response and recovery. They help establish a more nuanced understanding of the dynamics of new and existing infectious threats that support early detection, containment and control as well as which mitigate impact.

These frameworks may be broadly categorised as per the following:

TABLE-DO&E 1: REFERENCE OF HEALTH EMERGENCY GLOBAL GUIDANCE FOR DISEASE OUTBREAK AND EPIDEMIC MANAGEMENT

Policy, Framework or Guidance	Details
Health Emergency Planning and Operational Frameworks and Guidelines	The Health Emergency framework provides a common language and approach that can be adapted and applied by all actors in the health and related sectors as they try and minimise consequences of emergencies and disasters. These frameworks and standards focus on improving health outcomes and well-being for communities at risk in different contexts, including in fragile, low and high resource settings. It includes **International Health Regulations (WHO, 2005); Health Emergency and Disaster Risk Management Framework (WHO 2019), Guidance on Preparing for National Response to Health Emergencies and Disasters (WHO 2021),** and **Sphere Standards for Health Systems and Essential Healthcare (2018)**.
Disease Specific Guidelines	At the time of the outbreak, disease specific clinical guidelines are provided by WHO to shape outbreak response and recovery processes. These guidelines complement the overall national health security plans and support humanitarian actors to coordinate localised response efforts.

🔧 **Disease Specific Guidelines: Ebola, Monkeypox, Zika**
🔧 **Health Emergency Global Frameworks and Standards (Summary and Links)**

Disease Outbreaks and Health Emergency and Disaster Risk Management Cycle: WHO Programme Guiding Framework for Disease Outbreaks and Epidemics

WHO emphasises the need to adopt a whole-of-society approach to deal with outbreaks and epidemics. It estimates all disease drivers by taking into account genetics and biological factors, ecology, and physical environment, human behaviour and other socio-cultural, political and economic factors.

Since most new infectious disease threats start locally, countries are investing in research that looks at transmission pattern to stall further spread that can impact the population and overwhelm the health system. Disease outbreaks and epidemics like other health emergencies are managed through four phases of the emergency risk management cycle; namely prevention, preparedness, response and recovery.

Health Emergency Plans (National Action Plan for Health Emergency for Health Security or NAPHS) are developed and implemented by Ministries of Health.

They manage risks using systematic and coherent mechanisms that engage different stakeholders in the health sector, including communities and governance. The response mechanisms are planned based on country risk assessments and profile. They work through a structured command and control system including a well-defined and resourced operational plan that responds to any disease outbreak or epidemic. This mechanism engages various stakeholders of the health sector including communities and governance. (Adapted, from Guidance on preparing for National Response to Health Emergencies and Disasters)
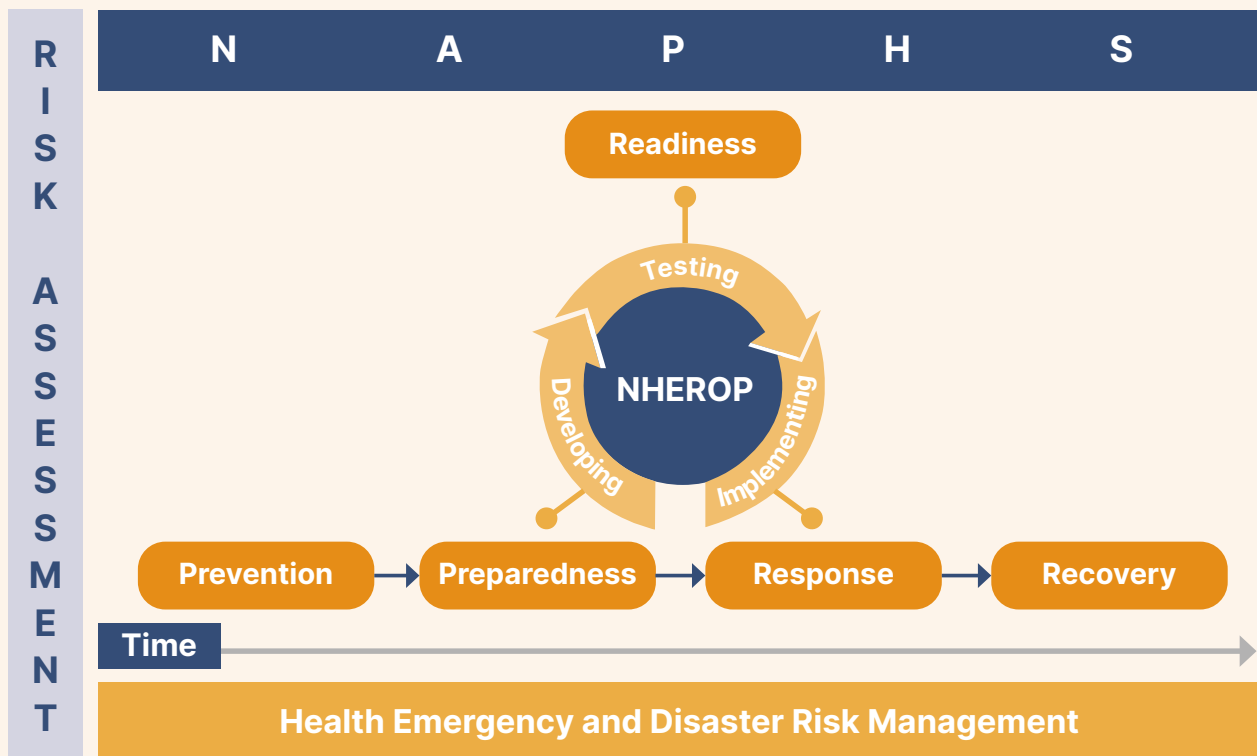
🔧 **Adapted from Guidance on Preparing for National Response to Health Emergencies and Disasters**

FIG-DO&E 1: PHASES OF OUTBREAK AND EPIDEMIC MANAGEMENT

NAPHS: National Action Plan for Health Security
NHEROP: National Health Emergency Response Operational Plan

4.2.1
Relevance and challenges of RCCE in Disease Outbreaks and Epidemic Management

Partnering and collaborating with communities has long been viewed as crucial to improving public health and its core value of social justice. RCCE is recognised as a critical driver of success, especially since it has demonstrated results on the ground while managing Zika virus and Ebola outbreaks. This has made the case stronger for including it as a core component across global outbreak guidance and frameworks, including the International Health Regulations or IHR 2005.

Furthermore, there is evidence to show that effective and coordinated RCCE can halt the spread of transmission and minimise socio-economic impact on lives of affected communities. Increasingly, with availability of vaccines and treatments, uptake of protective behaviours and adherence to social measures, the management of outbreaks is undergoing transformative change. Within this paradigm,

RCCE emerges as a strong link ensuring active participation of at risk and affected communities through an informed, people-centered preparedness and response. Conversely, in the absence of RCCE, there is danger of misinformation, confusion, and mistrust, impeding the uptake of desirable health behaviours and adoption of lifesaving tools and services.

However, despite this awareness and some effort in building strong health systems, RCCE remains largely response-centric or at best, is introduced at a later stage as an afterthought. (🔗 Strengthening risk communication systems for public health emergencies in the WHO South-East Asia Region Governments are investing in select components of RCCE coordination, strategy development, handling of public information platforms, community engagement processes and risk perception management but the overall RCCE system remains weak and sub-optimal. Reasons include insufficient funding, ineffective Information Education Communication (IEC), miscalculation of estimated time taken to create impact and inability to fully grasp the scope and depth of RCCE. There still remains ambiguity on how precisely RCCE can be used to improve the management of disease outbreaks.

Even IHR committee in their Review in 2021 re-emphasised the need to elevate the role of RCCE in outbreak and epidemic management. They recommended WHO and national governments to enhance strengthening of RCCE approaches and capacities, including Infodemic management to build public trust in data, scientific evidence and public health measures.

COMMUNITY ENGAGEMENT MINIMUM STANDARDS

CEMS establishes a common language among all stakeholders for defining community engagement principles, key actions, goals and benchmarks. It provides guidance for gender-sensitive community engagement approaches in high, middle, and low income countries and in development and humanitarian contexts across sectors.

These standards support direct implementation by establishing the principles and parameters for communities to plan, take action and be heard in all matters affecting them. They serve as a guide for stakeholders in creating an enabling environment for nurturing a robust community engagement practice. The standards do not presuppose that community engagement requires external interventions nor that specific or prescribed community engagement approaches are always optimal in all contexts.

🔧 **Community Engagement Minimum Standards**

Photo credit: © UNICEF/UN0459667/Koyande

KEY TAKEAWAYS FOR RCCE PRACTITIONERS

- National governments, especially the Ministry of Health (MoH), are usually the lead institution for outbreak and epidemic management.
- 21st century continues to witness waves of severe infectious disease outbreaks having devastating impact on the lives and livelihoods of people nationally.
- RCCE is recognised as the core pillar of PHE including outbreak and epidemic management and one of the eight capacities of IHR 2005. Currently, RCCE is being applied for coordination, strategies, public information and community engagement processes.
- RCCE is not new to MoH and to its allied institutions/partners. Despite playing a critical role in preventing and containing an outbreak, it remains an afterthought and is often response centric. It is not always a priority and many stakeholders do not support systematic investments for RCCE at the national or subnational level.

KEY ACTIONS FOR RCCE PRACTITIONERS

Follow WHO Phased Approach to Key Actions:

- Develop an in-depth understanding of the disease, its origin and etiology to prevent, detect and contain future global health threats. **(prevention)**
- For improved preparedness actions, build understanding or the global, national outbreak management frameworks and disease specific clinical guidelines applicable to the country-context among key national partners. **(preparedness)**
- Identify gaps as well as entry points and build consensus on integration of RCCE core components in national health emergency annual planning processes (National Action Plan for Health Security/NAPHS and National Health Emergency Response Operational Plan/NHEROP). **(preparedness)**

4.3
Advocacy Actions: Institutionalisation of RCCE for Disease Outbreaks and Epidemics

Advocacy for outbreak and epidemic management is linked with both at risk people and affected communities. By persuading decision-makers to empathise with the most vulnerable and marginalised and considering their issues in the context of the outbreak, efforts must be made to develop, change and/or modify existing laws, policies and administrative practices. This would help families and individuals to make healthy choices.

Advocacy for high quality RCCE programmes brings together governments, humanitarian actors, private sector and other stakeholders to strengthen/establish RCCE systems. Even as structural and operational linkages between RCCE and primary health care initiatives are established and institutionalised capacity-building encouraged, there must be a corresponding increase in budgetary allocations.

Highest level of political and administrative will is required to take forward the agenda of strengthening RCCE systems within the health sector:

During 2011–2017, the world witnessed 308 cholera outbreaks, 137 Zika virus outbreaks, 113 Shigellosis, 95 Chikungunya and others. A typical pattern of infectious disease preparedness includes a cycle of panic and neglect wherein a flood of resources are mobilised during an outbreak, followed by lack of interest and reduced investments. Resultant dependence on crisis-response is both costly and ineffective (in preventing the next outbreak).

Epidemic events* globally, 2011 – 2017**: A total of 1,307 epidemic events Number of epidemic events* by disease and year.

Moreover, majority of epidemics and/or outbreaks are more related to development problems (lack of sanitation, poor urban areas and lack of access to services) than only to emergencies.

Therefore, there is strong need for advocacy with key policymakers and decision-makers at country level regarding the merit of building systems for Public Health Emergencies (PHEs) and bridging the gap between emergency and development related factors. Emphasis must be on preparedness and institutionalising of RCCE systems as part of the overall vision of the PHE architecture. These would support the uptake of protective behaviours and critical interventions while bolstering trust in essential services and their associated use during any crisis.

The section below outlines strategic yet simple actions for RCCE practitioners for advocacy and engagement with key stakeholders from national and subnational health institutions. These would help institutionalise RCCE systems and strengthen country preparedness and readiness in preventing and ensuring better response to any future outbreaks.

4.3.1
Advocacy plan for building highest political and administrative will to advance the agenda for institutionalisation of RCCE

Developing a strategic advocacy plan will help in designing an evidence-informed engagement action that will facilitate the embedding of RCCE as a core pillar of NAPHS and NHEPROP/outbreak and epidemic management/public health emergency plans. As soon as other issues related to RCCE are highlighted, quality of RCCE programmes must also be maintained by addressing concerns at the technical and operational levels.

The advocacy plan is part of *preparedness phase* and can help RCCE practitioners/humanitarian agencies to identify their stakeholder's barriers, motivations and priorities to build and strengthen systems for RCCE. Concurrently, mapping practices that can improve quality of RCCE programmes and systems is crucial. The focus needs to be on amplification of at risk/ affected communities' participation in RCCE planning, implementation and monitoring as well as *depoliticizing outbreaks and epidemics* while building trust to strengthen people centeredness.

This mapping should include intersectoral ministries and divisions that will be important in outbreak/epidemic management, especially while focusing on public services (e.g., wash services) to prevent diseases.

Whether establishing RCCE systems or strengthening them, the advocacy plan must be systematically designed to draw attention to all the vital elements related to RCCE (🔗 Table-DO&E 2: Elements of a Policy Advocacy Action Plan/Advocacy Campaign). It also calls for an assessment, resourced plan and set of activities that are monitored and evaluated from time to time. Both simplified and advanced resources are attached to facilitate systematic planning and implementation, and to achieve desired policy shifts.

IMPORTANCE OF INSTITUTIONALISATION OF RCCE FOR DISEASE OUTBREAKS AND EPIDEMICS OR PHE MANAGEMENT

RCCE prevents spread of disease, saves lives and protects national and local economies.

It is only when people know how to protect themselves that they can help stop the spread of disease and minimising economic and social impact of an outbreak or emergency.

Therefore, it is critical that RCCE gets integrated into strategies, policies and plans at national, subnational and local governance level and becomes part of public health preparedness and response. This calls for multi-year, multi-level investments in RCCE strengthening systems, especially based on Community Engagement Minimum Standards (Core Standards, Standards supporting Implementation, Standards supporting Coordination and Integration and Standards Supporting Resource Mobilisation).

🔧 **RCCE Advocacy Plan Template (Simplified)**
🔧 **Stakeholder Template (Simplified)**
🔧 **Advocacy Messages for MoH**
🔧 **Advocacy Messages for Senior Management Message Takeaways**
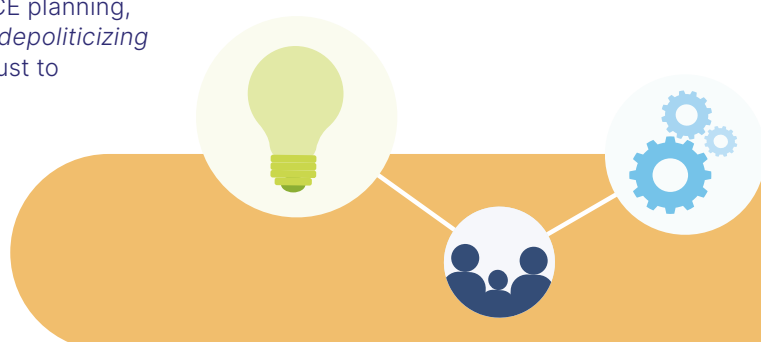
TABLE-DO&E 2: ELEMENTS OF A POLICY ADVOCACY ACTION PLAN/ADVOCACY CAMPAIGN

1. Gather background Information	**2.** Set clear policy objectives	**3.** Build strong partnerships	**4.** Know the political landscape
5. Help develop legislation or regulations	**6.** Determine what is non-negotiable	**7.** Identify legislative sponsors and policy champions	**8.** Develop key strategies
9. Prepare to communicate and engage effectively*	**10.** Formulate an action plan	**11.** Implement action plan/campaign	**12.** Monitor and evaluate progress

13. Celebrate success and remain engaged

Adapted from 🔧 **Global Advocacy Incubator – Advocacy Action Guide (Tobacco Free Kids)**

BOX-DO&E 1: COUNTRY READINESS AND DELIVERY-COVAX

The Country Readiness and Delivery (CRD) workstream is part of COVAX, the vaccine pillar of the Access to COVID-19 Tools (ACT) Accelerator. Through the Country Readiness and Delivery (CRD) workstream, WHO, UNICEF, the GAVI Secretariat, and partners are working at the global and regional levels to develop and disseminate global resources (guidance, trainings, tools, and communication materials). They are coordinating and providing technical assistance to support implementation of COVID-19 vaccines.

The coronavirus pandemic motivated a sense of urgency for the introduction of vaccines and to make sure no one was left behind. The CRD initiative presented an opportunity to nations to assess their systems readiness programmatically for COVID-19 vaccine Introduction, from an integrated lens. This included RCCE and demand generation, identifying of gaps and prioritising of actions to enhance readiness while strengthening support to countries with additional financial resources and technical now-how as they moved on the curve to optimise vaccine delivery and use.

As part of CRD, for the first time, a Vaccine Introduction Readiness Assessment Tool (VIRAT) was issued to support MoH in developing a roadmap for vaccine introduction and identifying of gaps. Building on VIRAT, the World Bank developed the Vaccine Readiness Assessment Framework (VRAF) to equip countries with granular information on gaps and associated costs in addition to financial resources for deployment of vaccines.

VIRAT/VIRAF 2.0 measures readiness across 10 key areas relating to country readiness, namely: (1) Planning and coordination, (2) Budgeting, (3) Regulatory, (4) Prioritisation, Targeting and COVID-19 Surveillance, (5) Service Delivery, (6) Training and Supervision, (7) Monitoring and Evaluation, (8) Vaccine, Cold Chain, Logistics and Infrastructure, (9) Safety Surveillance, and (10) Demand Generation and Communication. Within these core areas, there are 50 qualitative and quantitative indicators. The vaccine introduction toolkit is shared with countries and includes tools for vaccine acceptance and uptake (demand).

🔧 **WHO COVAX Vaccine Introduction Toolkit**

4.3.2

Integration of RCCE within NAPHS, NHEORP for improved country preparedness and readiness

The Country Preparedness and Readiness approach of various international organisations such as WHO, GAVI and the World Bank supports national and subnational initiatives of low and middle income countries to strengthen institutional capacities, governance mechanisms, and planning programming frameworks towards long-term change. These would inevitably lead to minimising the spread of infectious diseases and mitigating the secondary impact of outbreaks.

Evidently from recent outbreaks (COVID-19), it became clear that countries were focusing on biomedical essential aspects of vaccines and treatments. They were missing-out on benefits of long-lasting improvements that a system strengthening approach could bring to outbreak and epidemic management or PHE. For long-term outcomes, it is expected that RCCE systems for better Country Readiness and Preparedness will be well integrated within national health emergency policies and frameworks such as NHEROP (⬀ Communicating Risks in PHE, WHO, 2016-page 16-23).

The health sector component is contained within a national emergency response plan that addresses risks of different hazards, including infectious disease threats. All countries have NHEROP or its equivalent and it includes existing capacity development plans (National Action Plan for Health Security). Additionally, it must model itself on the lines of country risk profiles developed using WHO's Strategic Toolkit for Assessing Risks-STAR. The possible positioning of RCCE component (systems) within the health emergency governance structure is indicated below.

FIG-DO&E 2: POSITIONING OF RCCE COMPONENT/SYSTEMS WITHIN NATIONAL HEALTH EMERGENCY RESPONSE OPERATIONS PLAN

Hierarchy of policies and plans for HEDRM

Approach		Governance
All Hazards Whole of Society	National Emergency and Disaster Risk Management Policy/Strategy / NAPHS++	Highest Government Authority PM, MoI, MOCD
Multi Hazards Multisectoral (Capacity Development)	RCCE Systems	MoH
All Hazards Whole of Society (Response Actions)	Contingency Plan	MoH
Specific Hazards (Response Action)	Country Risk Profile	National/ Subnational/Local

NAPHS++: National Action Plan for Health Security │ ++ Other Capacity Development Plans
RCCE Systems: for Disease Outbreaks, Epidemics, PHEs
MoH: Ministry of Health
MoI: Ministry of Interior
MOCD: Ministry of Civil Defence
PM: Office of the Prime Minister

RCCE must be reflected within NHEROP as its core pillar with RCCE elements integrated within other linked key national policies and frameworks, including capacity building and in-country risk profiles. This includes creating an RCCE governance structure in a way that builds proximity of RCCE practitioners to the national health emergency response leadership. The centralised mechanisms will promote consistency and quality with decentralised programming for flexibility and adaptation to local needs.

Also, develop necessary laws, regulations, policies and frameworks that support and advance the strengthening of RCCE systems. Dedicated resources, both financial and human are required to build and strengthen systems for RCCE and to sustain investments that are needed and which will come handy during future public health emergencies and events.

KEY TAKEAWAYS FOR RCCE PRACTITIONERS

- Increased systemic investments in RCCE is required across key implementing partners to prevent future outbreaks and to minimise damage accruing to institutional structures within MoH (and under different divisions).

- High political and administrative will, and multi-year financial mechanisms are required to prioritise strengthening of RCCE systems. This will ensure strong structural and operational linkages with primary health care while also institutionalising capacities for communicating risks and engaging with communities to prevent, prepare and control outbreaks.

- Investments in community engagement will build capacity of local organisations and community-based structures to conduct participatory research and undertake monitoring. This will contribute to meaningful engagement and to improving inclusion, participation of and accountability to vulnerable/at risk and affected populations.

- Advocacy for RCCE systems and country readiness and preparedness, should be seen as a systematic initiative calling for assessment, a resourced plan and activities that are monitored and evaluated.

- RCCE must be strategically embedded within NAPHS/NHEROP and ideally linked to national health emergency capacity building plan and country risk profile. RCCE Country Readiness and preparedness contribute in improving the country's capacities to engage people in protecting themselves and their families from infectious diseases that threaten their lives and well-being.

KEY ACTIONS FOR RCCE PRACTITIONERS

Follow WHO Phased Approach to Key Actions:

- Develop a resourced advocacy plan and rigorously monitor and evaluate it. **(preparedness)**

- Advocacy plan to use evidence on entry points for institutionalisation of RCCE. Use the stakeholder template and define barriers, drivers and advocacy strategy. **(preparedness)**

- Ensure NAPHS/NHEROP include RCCE component through systems lens with a focus on Country Readiness and Preparedness. During outbreak response management RCCE must be a core pillar of response. **(preparedness & response)**

4.4
Coordinating RCCE for Disease Outbreaks and Epidemics

Effective coordination during the recent Cholera, Ebola, and ongoing COVID-19 pandemic has played an important role in fostering collective action for the uptake of lifesaving biomedical solutions at global and national levels. Moreover, effectively coordinated RCCE programmes and interventions help identify and meet priority needs, address social, cultural and behavioural gaps and make use of resources judiciously. This avoids duplication of efforts while leveraging inter-agency/organisational systems for wider reach among at risk and affected communities. Eventually these efforts culminate in targeted results that are consistent.

Benefits of Effective RCCE Coordination

* Improved reach, efficiency and collaboration
* Strengthened quality and consistency
* Better delivery and enhanced effectiveness

🔧 **Collective Service:
RCCE Coordination Approach**

National RCCE Coordination Mechanism

National governments/MoHs are recognised as technical leads to plan and implement the RCCE pillar under the public health response as part of IHR (2005). This RCCE mechanism is envisioned ideally under the leadership of MoH and their departments of health nationally and subnationally. It could be envisioned as a RCCE Taskforce/Working-Group/Pillar) that works closely with the Public Health Division (Emergency, Medical and Relief) of MoH for preparedness, response, mitigation and elimination of infectious disease threats. In addition to leading RCCE coordination, the RCCE Chair actively engages in overall planning and implementation of outbreak preparedness and response; and ensure RCCE is planned from start.

Many countries include RCCE coordination mechanisms led by MoH with technical support from UN. In such cases, partners must advocate for/ seek representation from senior leadership from MoH to represent the Coordination Mechanism, to ensure their ability to contribute and technically influence policies and programme decisions based on community needs.

Important Note: In countries where governments are functioning in constrained mode or there are multiple emergencies, national/subnational coordination mechanisms could be established under the leadership of Humanitarian Coordination Team (HCT) to supporting health and other relevant clusters. ø: Real-time examples of RCCE Coordination for Outbreaks and Epidemics in humanitarian contexts.

RCCE Coordination Mechanisms and National Command and Control structures: Ideally RCCE coordination mechanisms ensure seamless implementation of preventive and control interventions. They must be aligned with MoH national command and control structures across emergency levels/National/ Subnational Public Health Emergency Operations Centres (PHEOCs). The RCCE Coordinator being from the Health Ministry should be part of the relevant committees across strategic (national), operational (subnational) and tactical (local) levels.

🔧 **Collective Service: RCCE Coordination Toolkit; CDAC Guide on National Platforms-7, DRC Congo for Ebola Response**

🔧 **Real-time Examples of RCCE Coordination for Outbreaks and Epidemics in Humanitarian Contexts**

🔧 **Examples of Countries with Functional PHECOs and with Systematically Aligned RCCE Coordination Mechanisms**

Key Stakeholders
Under the leadership of MoH, the RCCE Coordination Mechanism can seek participation and inputs from several credible sources. These could be from their own IEC/BCC (Behaviour Change Communication)/ SBC (Social and Behaviour Change) units, Public Health Emergency Teams, Immunization, Primary Health Care Divisions as well as Integrated Surveillance Programmes, training and research institutes, UN agencies, health cluster, iNGOs, Red Cross/Crescent Societies, media development agencies, local NGOs, specialist communications entities and the private sector.

Scope

Endorsement and Validation of RCCE Coordination Mechanism: ToRs for the RCCE Coordination Mechanism must be endorsed by MoH. While working in close collaboration with the Government, the mechanism should keep HCT informed about overall progress and contribution of RCCE interventions. In the absence of a relevant ministry or department, the RCCE mechanism could be established under the leadership of the Humanitarian Coordination Team. There is growing recognition of the fact that the relationship with clusters must be well defined to ensure effective technical support is provided, especially when managing epidemic/pandemic using a *whole-of-society* approach. This coordination mechanism will support RCCE efforts across NHEROP/Strategic Response Plan (WHO) to meet priority needs, address gaps and minimise duplication among RCCE interventions.

Important Note: Ensure RCCE sub-committees/focal points are in place to support RCCE programming. Sub-committees could be formed based on national and subnational needs and may include RCCE Data for Action, Capacity Building, Localisation and AAP, Gender, Age and Inclusion and Media Hub committees.

FIG-DO&E 3: PROPOSED PARTNERS FOR NATIONAL RCCE COORDINATION MECHANISM
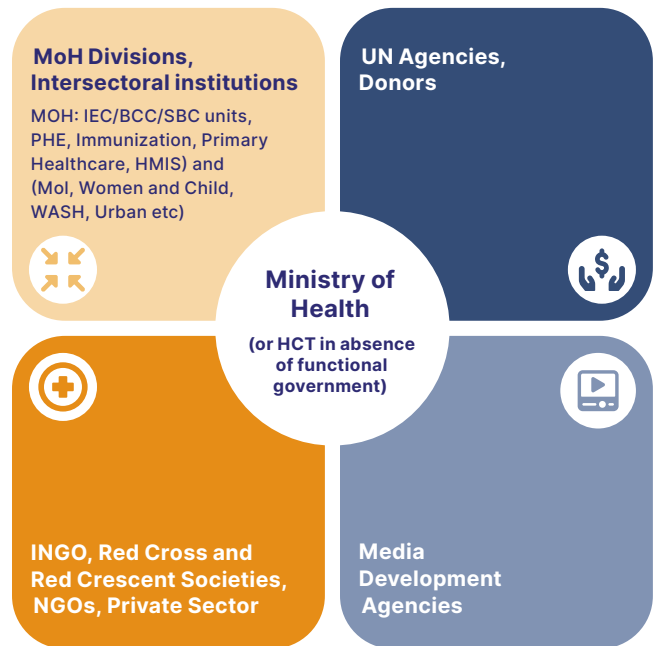
MoH Divisions, Intersectoral institutions
MOH: IEC/BCC/SBC units, PHE, Immunization, Primary Healthcare, HMIS) and (MoI, Women and Child, WASH, Urban etc)

UN Agencies, Donors

Ministry of Health
(or HCT in absence of functional government)

INGO, Red Cross and Red Crescent Societies, NGOs, Private Sector

Media Development Agencies

Working Modalities: Coordination meetings to be conducted under the leadership of MoH and their subnational divisions/and local governments with technical support of the Co-chair and secretariat and jointly with other members of the group. Frequency to be dependent on outbreak or epidemic context and scale of population impact.

Roles and Responsibilities: Collaborative actions of RCCE Coordination Mechanism may include, but are not be limited to: (see table 3 on following page)

🔧 **Collective Service: RCCE Coordination Toolkit**
🔧 **ToR for Kenya Country Office**
🔧 **OCHA-RCCE ToR for Field-Level Working Group**

TABLE-DO&E 3: ROLES AND RESPONSIBILITIES: COLLABORATIVE ACTIONS OF RCCE COORDINATION MECHANISMS

Governance Level	Roles and Responsibilities of the RCCE Coordination Mechanism with Partners in Close Collaboration with Health Ministry and Allied Institutions
National	**5Ws mapping:** Who is doing What, Where and When (5Ws) relating to RCCE nationally/subnationally while mapping RCCE mandates and interventions for preparedness and response of partners and facilitating uptake of harmonising approaches will contribute in ensuring protective behaviours and improving outbreak/epidemic, or PHE preparedness. This should include mapping of community structures, media and other actors, their dynamics and capacity needs. **RCCE strategic planning and implementation:** Improve overall quality of all RCCE interventions in the country by regularly updating RCCE strategy/ contingency plans and implementation through ongoing cycles of *social data for action* including feedback and learning to RCCE members, local actors and communities and other stakeholders. **Undertaking local capacity development on RCCE:** Continually mapping, building, reinforcing the capacity and skills of RCCE members especially local civil society organisations in delivering quality RCCE preparedness and response.
Subnational	**Social and behavioural data for action:** A coordinated approach is needed to mainstream social and behavioural data through behavioural analysis and needs assessment tools for understanding determinants of vulnerability and inequality. These are customised to address susceptibility to infection, lifesaving information needs and establishing a two-way communication process. **Scaling up harmonised RCCE approaches and resources among partners and RCCE implementing agencies:** Standard operating procedures (SoPs) must be finalised for RCCE and use of IEC materials and briefing notes developed to influence decision-making. Greater collaboration is needed between a broad range of stakeholders. Media, telecommunications and linguistic landscape guides must include adaptation of messages (pre-approved, contextually appropriate messages), including collating, reviewing, revising and pre-testing with vulnerable communities.
Local Government (and Primary Health Care Units)	**Monitoring, evaluation, accountability and learning:** Anthropological studies must link themselves with risk communication, community engagement approaches with socio-cultural, behavioural and specific country contexts. Monitoring, evaluation and knowledge management systems should also support information on entitlements and feedback on complaints redressal to communities while encouraging dialogue and course correction. This may include real-time community feedback mechanisms to ensure voices of affected communities, their families and even vulnerable segments such as health service providers who can inform RCCE actions across the epidemic management cycle. This could also include community feedback mechanisms that support Joint/Inter-agency Feedback analysis, community-based surveillance and alerts. (🔗 Refer to page 13 for additional details) **Media management:** Lifeline training for journalists and aid organisations, rumour tracking and management must be part of the media management process. 🔧 **CDAC-Network Guide National Platforms**

KEY TAKEAWAYS FOR RCCE PRACTITIONERS

- RCCE National Coordination Mechanism should ideally be established under the leadership of MoH. This should be in places where national governments are functioning in constrained settings and the same coordination structures are applied through HCT.
- In all settings, RCCE implementing partners work closely with the Government.
- The RCCE mechanisms must be aligned with national and subnational command and coordination structures and have members embedded across PHEOCs/EOCs for seamless application of government policies in-line with needs of the people.
- Coordination should be applied across each aspect of RCCE programming and include key interventions such as 5W's mapping to avoid duplication of efforts, RCCE Contingency Plan, local capacity development for RCCE; Social and Behavioural data for action, scaling up harmonised approaches and resources across sectors/clusters and Monitoring, Evaluation, Accountability and Learning.
- Mapping should cover community structures, excluded and vulnerable groups and community channels for feedback.
- Leveraging RCCE experience and expertise of partners such as WHO, UNICEF and IFRC will strengthen quality of RCCE programming.

KEY ACTIONS FOR RCCE PRACTITIONERS

Follow WHO Phased Approach to Key Actions:

- Support/facilitate establishment of National/subnational RCCE coordination mechanism under leadership of MoH. **(prevention and preparedness)**
- Map RCCE competencies in-country among outbreak response to determine strengths, weaknesses, gaps and ways of collaborating. Maintain mapping of networks and community influencers nationally and subnationally. **(prevention and preparedness)**
- Define institutional and implementing partners' accountabilities. **(all phases)**
- Develop one RCCE strategic Plan jointly with partners. **(all phases)**
- Update the RCCE component with needs of vulnerable populations and communities. **(all phases)**

Photo credit: © UNICEF/UN0459423/Koyande

4.5
RCCE Data for Action

New and emerging as well as existing infectious diseases can cripple national economies, regardless of their geographical borders and health system capabilities. The best of public and private health care systems collapse under the weight of increasing number of hospitalisations. Apart from the public health angle, people and communities have their own way of defining and explaining (explanatory model) the problem they are facing. It is fundamental to acknowledge this information, and recognise agency in communities. The application of social science contributes to building understanding between biomedical knowledge with other local knowledge systems bringing them together in a comprehensive manner. This helps in the contextualisation and mainstreaming of people´s realities (knowledge, understanding, perceptions and practices) across multiple phases of outbreak and epidemic management.

According to social scientists, human behaviour drives epidemics and has the power to halt them. However, human behaviour is complex. These recurring outbreaks and epidemics have highlighted the need to systematically use social-behavioural

INTEGRATING SOCIAL SCIENCE INTERVENTIONS IN EPIDEMIC, PANDEMIC AND HEALTH EMERGENCY RESPONSE (CASE EXAMPLE FROM EBOLA RESPONSE)

Social sciences helped inform those working on the response to the Ebola outbreak in Africa. They revisited priorities and concerns of local people in affected communities and helped responders factor in respect for local customs and cultural norms, particularly around burial practices and dealing with the sick. In turn, communities became willing to temporarily change time-honoured and sacred practices that were fuelling the epidemic. As communities took control of changing behaviours and practices that exposed them to the Ebola virus, the epidemic subsided.

🔧 **Ebola**

approaches, methods and analyses. They help understand different aspects of communities' lives that are impacted by the outbreak and act as enhancers or inhibitors of transmission as well as barriers and enablers to the implementation of the biomedical response.

For social and behavioural evidence to be effective, it must be planned and collated in consultation with at risk or affected populations. Evidence must also be aligned to the PHE/outbreak and epidemic management and national planning and operational framework (NAPHS and NHEROP). They will then be linked with operational implementation guidelines for each particular disease.

Effective RCCE uses socio-behavioural data to identify ways to reduce risks. By understanding people's perceptions and attitudes towards the disease and interventions, it becomes easier to identify barriers and enablers that can influence their ability and motivation to adopt and sustain desired health behaviours/actions. Recent outbreaks of Ebola and COVID-19 have highlighted the importance of social and behavioural sciences and use of data. This data led to an appreciation of *what* unifies a culture and explained the *why* and *how* of its norms and actions (around health and disease). The application of social and behavioural approaches are used to ensure involvement of communities across all phases of outbreak response.

FIG-DO&E 4: RCCE DATA FOR ACTION CYCLE
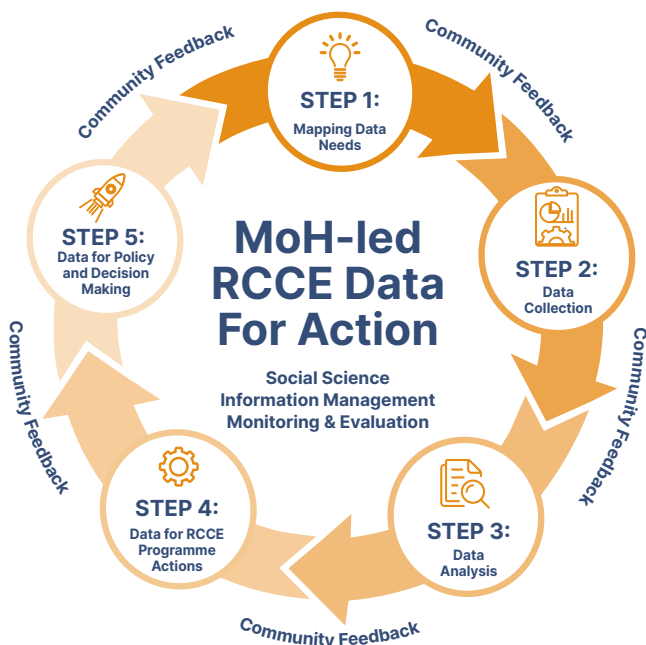
The COVID-19 pandemic has prompted the scale up of the use of social and behavioural data. For the first time, a flood of data has been collated and is being used to guide different stages of pandemic response. It is feeding into programmes and policies that can drive the uptake of emerging lifesaving COVID-19 biomedical measures (e.g., diagnostics, treatments and vaccines). Many partners are collecting data, even though, its use remains a challenge. What is yet to be seen is the impact of what was collected, how much was not needed and how much was used to inform the shift in programming and decision making at local and national levels.

Social Data Systems and Governance Accountabilities

National governments/institutions that are leading the social and behavioural data processes should find ways to systematically mainstream already existing research, monitoring and evaluation systems within their existing programmes. There are several methods to collect social and behavioural data, however, following suggestions are shared below which can be adopted to institutionalise RCCE data systems.

BOX-DO&E 2: HOW TO IMPROVE OUTBREAK RESPONSE – A CASE STUDY OF INTEGRATED OUTBREAK ANALYTICS FROM EBOLA IN EASTERN DEMOCRATIC REPUBLIC OF CONGO

During the 2018–2020 Ebola outbreak in Eastern Democratic Republic of the Congo, an innovative solution to systematic and timely generation of integrated and actionable social science evidence emerged with the creation of the Social Sciences Analysis Cell (Cellule d'Analyse en Sciences Sociales CASS).

- CASS worked closely with data scientists and epidemiologists operating under the Epidemiological Cell to produce integrated outbreak analytics (IOA).
- IOA is a transdisciplinary approach where quantitative epidemiological analyses, health services and systems data, behavioural field studies, social science analyses, contextual data (e.g., socioeconomic, population data) and operational programmes data are analysed with a view to help better explain and understand drivers and barriers to outbreak dynamics.
- CASS conducted rapid, operational social science analyses to complement epidemiological, health services and programmes data which was then analysed in an integrated manner and systematically presented and used to inform response activities and strategies.
- Implementation of recommendations based on CASS analytics was monitored over time, to measure use of evidence and its impact on response operations.

🔧 **WHO and Welcome Trust Report: Integrating Social Science Interventions in Epidemic, Pandemic And Health Emergency Response**

BOX-DO&E 3: A PRACTICAL GUIDE TO CREATING AND USING KNOWLEDGE, ATTITUDES AND PRACTICES (KAP) SURVEY DURING EBOLA RESPONSE

The CDC developed a toolkit for conducting surveys to assess knowledge, attitudes, and practices of affected communities in Ebola outbreak contexts. These tools, though designed with Ebola in the Democratic Republic of Congo in mind, may be adapted in the context of other public health emergencies. The toolkit contains three components:

Part 1. Defining information needs and strategies.
Part 2. Developing and conducting KAP surveys.
Part 3. Modelling KAP surveys

Parts 1 and 2 contain guidance and standard operating procedures (SoPs) for use in the field to plan and conduct rapid KAP surveys as part of public health emergency response. Part 3 includes two full model KAP surveys for adaptation and use in the field at different stages of the outbreak.

Important Note: For more information or to access tools, contact Giulia Earle Richardson at evy8@cdc.gov.

TABLE-DO&E 4: SOCIAL AND BEHAVIOURAL TOOLS AND RESOURCES THAT ARE AVAILABLE FOR MAINSTREAMING WITHIN DIFFERENT PHASES OF OUTBREAK/ EPIDEMIC MANAGEMENT

Intervention Approach & Tool	Details	Links with National Action	Good Practice and Tools
Phase: Introduction or Emergence			
Preparedness (Intervention Approach) / **Behavioural Surveillance (Tool)**	Behavioural surveillance is the ongoing systematic collection, analysis, and interpretation of behavioural data relevant to understanding trends in the disease transmission of infection. This should be followed by timely dissemination of data to those responsible for prevention and control. Knowing the size of population groups at risk, and the nature and determinants of risk within those populations is necessary. Behavioural surveillance helps monitor trends in indicators that allow identification of population subgroups at increased risk (age, education, wealth profile, and ethnicity) and behaviours that are amenable to change (protective behaviours, e.g., in case of COVID-19 it will be appropriate behaviours including use of mask, maintaining social distance, regular handwashing and vaccine uptake). Validity and reliability of sensitive data on behaviours is critical as it is self-reported and cannot be directly measured. The triangulation of a small set of core measures selected from surveillance data and other complementary sources can strengthen interpretation of the said data.	MoH that could be a part of an already established-Integrated disease surveillance programme in the country	Behavioural Risk Factor Surveillance System (BRFSS) is USA's premier system of health-related telephone survey that collects state data about residents regarding their health-related risk behaviours, chronic health conditions, and use of preventive services. It was established in 1984 in 15 states. BRFSS collects data in all 50 states as well as District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world. 11 more countries have requested USA CDC for their support in establishing the system
Phase: Outbreak			
Response (Intervention Approach)	**Rapid Knowledge, Attitude and Practice (Tool-KAP):** Rapid KAP survey is a quantitative method (predefined questions formatted in standardised questionnaires) providing access to quantitative and qualitative information. Rapid KAP surveys reveal misconceptions, or misunderstandings that may represent obstacles to activities that are likely to be implemented and present potential barriers to behaviour and social change. **Important Note:** Rapid KAP surveys essentially record an *'opinion'* and are based on declarative statements.	Ministry of Health and Humanitarian Actors	Ready Initiative' RCCE Toolkit provides tools for Rapid Behavioural Surveys and Analysis. This includes: • 5-minute rapid spot check • Focus Group Discussion guide for communities • COVID-19 rapid assessment tool • COVID-19 survey tool and guidance • COVID-19 rapid assessment tool (UNICEF, IRFC and WHO) • KAP template
	Disease specific tools: During an outbreak response and in the field, there are affected communities, humanitarian actors and biomedical-technical operational aspects that must be triangulated to mobilise a response that is disease specific. This will help the recovery process.	Ministry of Health and Humanitarian Actors	Cholera outbreak response manual: ⊘ https://www.gtfcc.org/wp-content/uploads/2020/04/gtfcc-cholera-outbreak-response-field-manual.pdf) CDC Ebola KAP Toolkit (Box 6)

TABLE-DO&E 4 (CONTINUED): SOCIAL AND BEHAVIOURAL TOOLS AND RESOURCES THAT ARE AVAILABLE FOR MAINSTREAMING WITHIN DIFFERENT PHASES OF OUTBREAK/ EPIDEMIC MANAGEMENT

Intervention Approach & Tool	Details	Links with National Action	Good Practice and Tools
Phase: Outbreak (continued)			
	Community Feedback Mechanisms: Joint feedback mechanisms supported by National RCCE Coordination will be ideal to ensure partners complement efforts, namely, by harmonising collecting tools, using a common dashboard and categorisation. This will help RCCE partners' joint analysis of main concerns and feedback trends, discussion on recommendations and follow up on concrete actions to be taken across all phases' outbreak and in collaboration with and referrals to the other pillars/ sectors of the response.	Ministry of Health and Humanitarian Actors	DRC Joint Community Feedback Mechanism (Case summary – DRC Ebola, 2021)

Behavioural Surveillance Survey Tool and CDC–BRFSS Questionnaire

Rapid KAP Tool

BOX-DO&E 4: A PRACTICAL GUIDE TO CREATING AND USING KNOWLEDGE, ATTITUDES AND PRACTICES USING KAP SURVEY DURING EBOLA RESPONSE

The US CDC has developed a toolkit for conducting surveys to assess knowledge, attitudes, and practices of affected communities in the context of the Ebola outbreak. These tools, though designed with Ebola in the Democratic Republic of Congo in mind, may be adapted in the context of other public health emergencies. As part of this toolkit, two survey questionnaires were created and field tested in the languages most frequently spoken by respondents in Ebola-affected areas of DRC.

These questionnaires are available in French, Kiswahili, Kinande and Lingala. The questionnaires are accompanied by a guide (English and French versions) that explains how to modify and pilot test the model questionnaires, as well as how to effectively collect, analyse and share the survey data. In addition to these free tools, users may wish to use the free online survey tool at KoBo.org to programme tablets for data collection or to enter data collected on paper forms. In this case, CDC can provide free Excel files to automatically format the two surveys on KoBo.org. They can also provide a data dictionary, guidance on creating an analysis dataset and formatting the data for charts.

KEY TAKEAWAYS FOR RCCE PRACTITIONERS

- RCCE Data for Action should be aligned to the Health Emergency and Disaster Risk Management cycle. Social and Behavioural Data for Action creates a holistic evidence base for disease outbreaks and epidemics and addresses long-term (social, cultural, political and economic drivers of risk) and immediate outbreak/epidemic-led needs (information needs).
- RCCE data cycle must be followed by mapping data needs. The data collected must be utilised for programme improvement and influence decision making.
- For outbreak and epidemic management to be effective, all elements of Social and Behavioural Data for Action are mainstreamed within the existing (surveillance) programmes of MoH. Furthermore, it is important to link social science with biomedical operational guidelines for each particular disease for triangulation of analysis.
- The Social and Behavioural evidence must be generated under the leadership of MoH and in close collaboration with National RCCE Coordination Mechanism as well as with affected communities. These affected communities must provide feedback and validate evidence generated at each stage of the process. This step in CHAT connects social and behavioural data for preparedness with outbreak response data to ensure it is led by communities and undertaken in a participatory and transparent way to improve quality of RCCE and sustainability of public health programmes.
- RCCE specific indicators must be integrated across clusters and analysis, so data is collected seamlessly with other priorities and is duly analysed.

KEY ACTIONS FOR RCCE PRACTITIONERS

Follow a WHO Phased Approach to Key Actions Under the Leadership of MoH:

- Advocate to mainstream all elements of RCCE Data for Action within existing national programmes/processes. **(prevention and preparedness)**
- Ensure Social and Behavioural Data is reflected within Country Risk Profile, especially when data is collected using STAR-WHO. **(prevention and preparedness)**
- Integrate Behavioural Surveillance and initiate mapping of health-related high risk behaviours. Link these with the existing Integrated Disease Surveillance Programme. **(prevention and preparedness)**
- Ensure use of KAP Guide during Joint Needs assessment, community feedback and inform RCCE Response Plan. **(response)**

4.6
The RCCE Plan

Finalise with Sectoral Linkages Derived from Sphere Standards and Biomedical Disease Specific Guidelines

RCCE planning is a critical process that brings together all partners implementing RCCE interventions for outbreak response, including Communication and Community Engagement (CCE)/ Community Engagement and Accountability (CEA)/Communicating with Disaster Affected Communities (CwC). The plan mirrors the commitments under the NHEORP, to ensure it is aligned with the country risk profile, biomedical disease specific guidelines, existing health capacity development plans for health security and key priorities identified by vulnerable and affected communities. These priorities could be derived from social and behavioural data collected earlier or informed by feedback from affected communities. This will help the RCCE plan to complement programme outcomes of the country and prevent them from becoming standalone or detached from rest of the outbreak response programming.

In line with NHEROP, the RCCE Plan will include an overall strategy for all phases of outbreak/epidemic management.

When Should the RCCE Plan be Developed?

The RCCE plan is developed as part of the NHEROP consultation process and RCCE teams that are involved from conceptualising the task, drafting its different components and ensuring it is mainstreamed in the national health emergency planning. From this understanding will emerge specific response actions for anticipated/new infectious threats.

What is the Purpose of the RCCE Response Plan?

The RCCE strategic response framework complements the National Health Emergency/ Outbreak management commitments. This includes:

- Developing consensus on RCCE strategic objectives.
- Agreeing on cluster/sectoral RCCE components.
- Providing strategic objectives, interventions(?) indicators and targets for monitoring progress; disaggregating with respect to gender, age and disability and including them to ensure inclusion and participation of the most vulnerable.
- Validating identified contextual and institutional risks to the achievement of RCCE objectives.
- Supporting mobilisation of resources and budgeting for response activities.

Roles and Responsibilities of Those Developing and Implementing the RCCE Plan

Under the leadership of MoH, and in close collaboration with HCT, UNICEF, WHO and Health Cluster, the National RCCE Coordination Mechanism and its members will guide and lead the RCCE planning process. The National Coordination Mechanism provides oversight for implementation of activities to ensure alignment with humanitarian response commitments and quality programming.

Along with RCCE partners, the plan outlays priorities, design of overall strategy and other cluster/sectoral components. The plan is later used by implementing partners to further adapt it at their organisational level and to roll-out activities in outbreak areas.

Important Criteria for RCCE Planning Process

- **Nationally-led:** Institutional mechanisms (MoHFW/ State Department of Health) lead the process of RCCE planning and implementation and monitoring.
- **Informed by RCCE data for action:** The RCCE plan's design is based on different social science approaches, including Behavioural Surveillance Surveys, Rapid KAP, Community Monitoring and Listening and others to establish holistic understanding of affected communities and their needs.
- **Coordinated and phased:** The plan must be based on a phased approach to RCCE linking preparedness with response actions and recovery processes. It must avoid duplication of programme actions and resources and address gaps and increase impact.
- **Accountable and nurturing trust:** The plan must include information on life-saving practices and rights and entitlements (and accountability) with affected communities while reinforcing positive social and behavioural practices. Ensure *Building trust* is one of the key aspects that is simultaneously worked upon.

- **Inclusive and Integrated:** The plan must address multisectoral needs of vulnerable affected communities and include diversity in engagement by ensuring inclusion-based gender, age and disability related aspects in addition to location and geography.
- **Locally-guided, community centered and participatory:** Participation in all steps of planning and implementation process should be embedded to allow communities to deal with their affected capacities and vulnerabilities. With support of local institutions, ensure active engagement with communities. Their participatation in identifying RCCE priorities, and RCCE planning will be important while nurturing a sense of ownership and helping affected families achieve normalcy in their disrupted day-to-day system.
- **Digitally inclined:** Accept power of social media and use it innovatively to cut across all levels of communication and sharing.

TABLE-DO&E 5: KEY ACTIONS FOR DEVELOPING AND IMPLEMENTING THE RCCE RESPONSE PLAN

Key Actions	Action Details	Who is Responsible
Coordination Action: National RCCE Coordination mechanism leads and guides planning and implementation processes	Under leadership of MoH, the National RCCE Coordination mechanism will work with a diverse set of stakeholders (government, WHO, UNICEF and UN agencies, clusters/sectors, Red Cross/Red Crescent, NGOs and community representatives) to determine: • Behavioural results for objectives and sectoral commitments aligned to NHEROP/National Outbreak Management guidance. • Develop RCCE Plan with minimum actions, roles and responsibilities of implementing partners, timelines and budgets and monitoring, evaluation, and learning. Accountability must be mainstreamed as part of the RCCE process.	National RCCE Coordination Mechanism under leadership of MoH and with support of NDMA, HCT, Cluster/ Sectoral Groups and RCCE Implementing Partners
Align RCCE Objectives with NHEROP Action: Define RCCE strategic objectives that complement the NHEROP	Based on community engagement needs assessment and past evidence that has been collated, determine behavioural results and define SMART RCCE objectives as per prevention, preparedness, outbreak and recovery phases as outlined by WHO. These should be aligned with NHEROP at four levels: • Prevent transmission, minimise risks and address community needs. • Support institutions/clusters/sectors to sustain demand for essential services (community engagement, social and behavioural change). • Plan and coordinate outbreak response with active participation of affected and excluded communities. • Ensure implementing partners have the capacity to plan, implement, monitor and evaluate high quality RCCE programmes. Refer to the example of *Risk Communication and Community Engagement Preparedness and Readiness Framework: Ebola Response in the Democratic Republic of Congo in North Kivu* (Sept 2018) which highlights RCCE objectives. 🔗 Samples Ebola Response Plan DRC and Zika) 🔗 Sample reference phased-based Objectives-RCCE COVID-19 RCCE Strategy page 20-23)	National CE, SBC Coordination mechanism in consultation with MoH, HCT, Cluster/Sectoral Groups and RCCE implementing Partners

🔧 **RCCE Plan Template**
🔧 **CEMS Checklist**

TABLE-DO&E 5 (CONTINUED): KEY ACTIONS FOR DEVELOPING AND IMPLEMENTING THE RCCE RESPONSE PLAN

Key Actions	Action Details	Who is Responsible
Know Participants Groups Well Action: Understand at risk and affected communities and include all three groups while planning RCCE activities	**PRIMARY GROUP: At risk/affected communities among whom behaviour/social change is intended.** Primary participant groups are those which are directly impacted by the crisis and whose behaviour could change or influence the level of risk that is needed to protect themselves and others. For example, general public including children, residents of the affected country living abroad, children and high-risk groups, travellers and their family members, elderly and those with co-morbidities. **SECONDARY GROUP: Those who influence at risk/affected communities to adopt change.** The secondary group is usually influential and may be responsible for delivering a service and are trusted by the general public such as frontline workers, community members, school teachers, service providers, community and religious leaders, elders/clan leaders and local politicians. **TERTIARY GROUP: Those who help create a supportive/conducive environment for change.** The tertiary group is for advocating policy or for facilitating organisation of communities. The tertiary group includes, for example, health facility staff, women committees, village chiefs, media, policymakers and others. Important to include groups that are already marginalised in the community especially due to age, gender and ability. (⊘ Include Considering Diversity in participant groups)	National RCCE Coordination Mechanism and Implementing Partners
Incorporate Approaches in a Wholesome and Holistic Manner Action: Based on the community and programme/cluster needs, include approaches that save lives and build long -term protection against infectious disease threats	Even in an outbreak/epidemic context, using messages or IEC materials, is not sufficient to prevent transmission, and create a supportive social environment to sustain healthy critical behaviours. The focus of the RCCE plan cannot be determined by one-way information dissemination alone. It may result in increased awareness but have limited impact on improving behavioural and collective actions. Therefore, it is important to stimulate shared learning through dialogue, participation, engagement and discussion with members of affected communities and their families. Involving affected families and communities allows them to determine among themselves what needs to be done, and by whom in the long run, thus establishing a sense of ownership of the processes in the different phases of outbreak and epidemic management leading to recovery. To support such protective actions leading to positive behaviour and social change, employ the following interrelated, interdependent and interactive approaches for saving lives and building long-term vision to eliminate/eradicate infectious disease. (⊘ Definition of Approaches)	National RCCE Coordination Mechanism and Implementing Partners

1. Community Engagement for Social and Behaviour Change	2. Lifesaving Information as Aid	3. Community Participation & Feedback to Support AAP	4. Social and Behavioural Evidence Based Collective Advocacy

TABLE-DO&E 5 (CONTINUED): KEY ACTIONS FOR DEVELOPING AND IMPLEMENTING THE RCCE RESPONSE PLAN

Key Actions	Action Details	Who is Responsible
Use Social Data-Based Messages Develop and use Social Data-Based Messages	Messages need to be prepared well in advance and as part of *RCCE Preparedness for Response Actions*. However, based on identified risks and social and behavioural data on at risk/affected communities, feedback mechanisms must ensure messages are a) permanently reviewed and adjusted, (b) culturally appropriate and relevant to communities, (c) developed for all prioritised disease threats, and (d) contextualised for all phases of the outbreak. Ideally, these should be pre-tested amongst a cross-section of the population. (⬡ CDAC Network/Infoasaid Online Message Library (2012)) In the event of disease outbreaks where preparedness is still not complete and where RCCE practitioners are struggling to respond in a timely and efficient manner, the messaging has to be accordingly adapted and fine-tuned. These must at all times be understandable, culturally appropriate and ready for swift call to action. The National RCCE Coordination Mechanism in coordination with Sectoral Ministers and Clusters will amplify use of messages that have been finalised in consultation with RCCE implementing partners.	National RCCE Coordination Mechanism and Implementing Partners
	Message Resources **CDAC Network Online Library of Generic Emergency Messages** The CDAC Network/Infoasaid library of generic messages provides a very useful resource of hundreds of generic messages that cuts across a range of thematic areas relevant to humanitarian emergencies, including: (1) Health, (2) WASH, (3) Nutrition, (4) Food Security, (5) Protection, (6) Education, and (7) Camp Coordination and Camp Management (CCCM). For more information on effectively using the Message Library, check out downloadable User Guide and our FAQs. Contextualised Bangladesh or South Sudan message libraries is also available on (⬡ CDAC Network/ Infoasaid Online Message Library (2012))	

🔧 CDAC Network/Infoasaid Online Message Library (2012)

A RCCE Integrated Intervention Mix for Multi-Sectoral and Cross-Sectoral Response Action: Use intervention mix in RCCE Plan to address both life-saving, survival and protective practices	**Focus of interventions will be three-fold:** • **Stop the spread of disease and save lives:** This will bring together individual and family behaviours that will support limiting of the infection transmission and supporting of key actions from health, nutrition, shelter and settlements and WASH clusters. It will focus on providing life-saving, especially essential information on Infection prevention and control that will help communities deal with issues threatening their survival. • **Protective practices:** These will address issues related to breakdown in family and social structures, erosion of traditional value systems, potential violence, weak governance, absence of accountability, inaccessibility to basic social services and displacement. These are related to, promoting violence against children and other forms of exploitation, gender equity and learning agenda to deal with the aftermath of the outbreak.	National RCCE Coordination mechanism and RCCE implementing partners

TABLE-DO&E 5 (CONTINUED): KEY ACTIONS FOR DEVELOPING AND IMPLEMENTING THE RCCE RESPONSE PLAN

Key Actions	Action Details				Who is Responsible
A RCCE Integrated Intervention Mix for Multi-Sectoral and Cross-Sectoral Response (Continued)	• **High quality RCCE programmes:** Work with implementing partners and enhance their technical as well as operational capacities to effectively communicate risks and engage, empower and enable affected communities to adopt social and public health measures.				
The Intervention Mix	The interventions are designed to complement the approaches and phases as indicated below:				National RCCE Coordination mechanism and RCCE implementing partners
	Phases	**Preparedness, Response and Early Recovery**			
	The Mix	Advocacy for RCCE Systems Strengthening Governance, Accountability, Country Readiness and Preparedness	RCCE Coordination for efficiency and effectiveness		
		Institutionalisation for local RCCE Capacity Development, Quality Standards and Assurance (CEMS Checklist)	RCCE Data for Action to include Behavioural Analysis, Rapid KAP including Community Feedback & MEAL4R		
		Partnerships for at-scale and convergent RCCE platforms (service-based, media-based including digital media and facility-based)	RCCE Data for Action: Behavioural Analysis, Rapid KAP including Community Feedback & MEAL4R		
	Clusters	Health	Nutrition	WASH	Child Protection	Education	Shelter
	Cross Sectors	Mainstream Gender, Age and Inclusion			

🔧 **CCCs CEBSC–Commitments and Benchmarks–Sectors and Cross-Sectors (2)**

KEY TAKEAWAYS FOR RCCE PRACTITIONERS

- RCCE planning process must be aligned with NHEROP and led by MoH jointly with National RCCE Coordination. The plan should cover all phases of outbreak and epidemic management.
- Guiding principles of the RCCE plan must be based on a community-led, phased approach and one that is social and behavioural data based, multisectoral and inclusive.
- Effective RCCE programming must be strengthened with effective leadership from MoH in close collaboration with National RCCE Coordination Mechanism and affected communities. Their voices and feedback must be reflected in the outbreak preparedness plans, reviews and decision-making processes.
- The RCCE plan must leverage digital engagement to improve access to affected communities and integrate. RCCE specific indicators within National Data Systems (Integrated Disease Surveillance Programme, Country Risk Profile, Health Information Management System and analysis) so that data is collected with ease and used to inform national level planning.

KEY ACTIONS FOR RCCE PRACTITIONERS

Follow a Phased Approach to Key Actions Under the Leadership of MoH:

- Develop RCCE Plan for all phases of outbreak and epidemic management. The process must be coordinated by the National RRCE coordination and all RCCE partners. **(all phases)**
- Define sector-wide intervention mix to support delivery of results. **(all phases)**
- Make the RCCE plan part of NHEROP to inform the national outbreak planning and implementation. **(all phases)**

4.7

Infodemic Management

The overwhelming deluge of information, both good and bad, fake and real, comprise a virtual tsunami of data and advisories that make it hard for people to discern credible and, conversely, misleading bits of information. In the case of the COVID-19 pandemic, the detrimental influence of misinformation on entire communities showed that while the virus itself physically invaded and threatened people's health security, the level of misinformation that was generated, threatened to eroded the social fabirc that drove health system response. Addressing infodemics is a new but an important challenge that needs attention in the context of new disease outbreaks where little is known. With technology and digital

In February 2020, Dr Tedros Adhanom Ghebreyesus, Director-General, WHO stated: "*We are not just fighting an epidemic; we are fighting an infodemic.*" The 2020 pandemic of COVID-19 was indeed accompanied by a massive *infodemic*.

Infodemic management aims to ensure people have the right information at the right time in the right format, so that they are informed and empowered to adopt behavioural changes during epidemics to protect their health and the health of their loved ones and communities.

🔧 **Infodemic Management.pdf**

platforms becoming more accessible and penetrative, the instant transmission of news, profusion of fake news factories and interconnectedness of the entire world necessitates a fresh look at infodemics while planning country-specific RCCE strategies.

Infodemic Management and its Programming Approach

Infodemic management and its programming approach: The infodemic management design and implementation model supports multilevel, evidence-based interventions that are aimed at changing people's behaviours. The model includes four key components for improving management of future health emergencies:

Listen to Concerns

Communicate Risk and Distil Science

Promote Resilience to Misinformation

Engage and Empower Communities

FIG-DO&E 5: ECOSYSTEM OF INFODEMIC MANAGEMENT

Infodemic Management Ecosystem

Science

Interventions

Impact

Physical World | **Virtual World**

1. Listen to concerns
2. Communicate risk & distil science
3. Promote resilience to misinformation
4. Engage & empower communities

Infodemiology

Behaviour Change & Epidemic Risk Mitigation
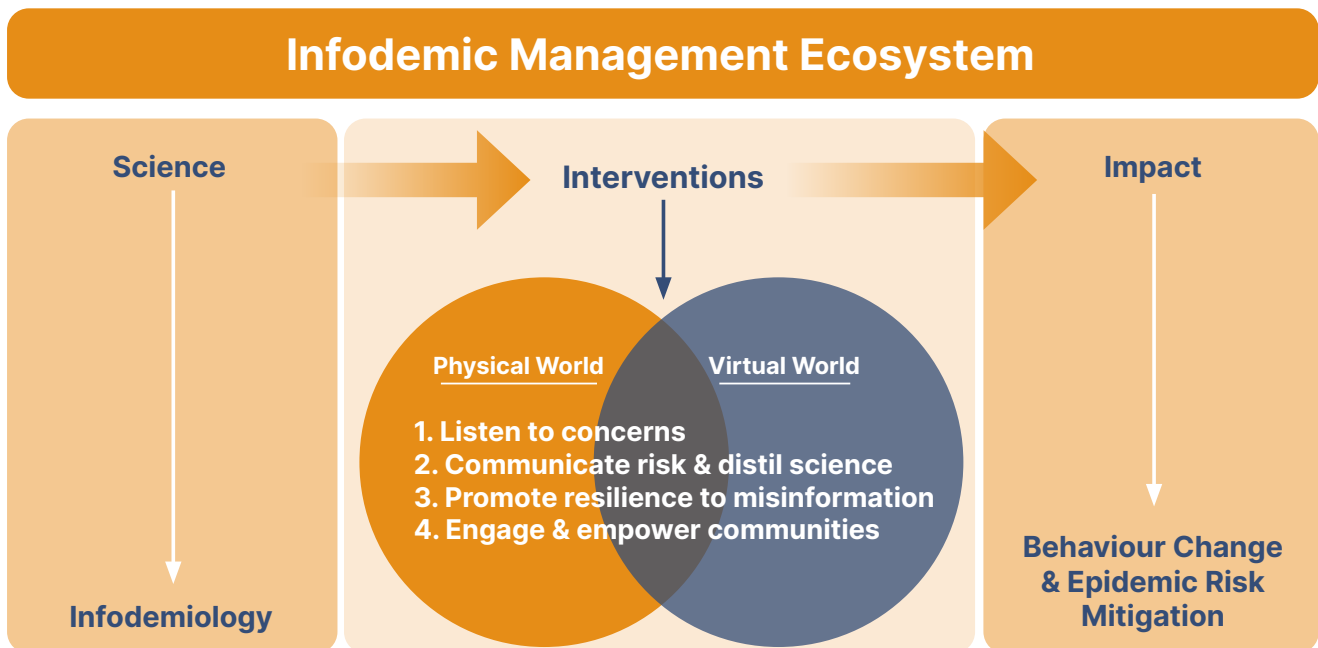
Infodemic Could be Better Managed

Management of misinformation in case of an infectious disease outbreak or an epidemic is *everyone's business*. While technical responsibility may be allocated to a few, in a population-wide crisis each person has a role and must act responsibly. All RCCE organisations engage different actors in managing an infodemic. Refer below on how infodemic management can be *everyone's business*.

🔧 **WHO 3rd Global Infodemic Management Conference Report**

Photo credit: © UNICEF

Infodemic Management: Every person has a role to play since its everyone's business

Role of General Population

- Do not forward any news to your friends and family if uncertain about its source. Negative news can harm further.
- Be an Infodemic champ and make your friends and family check the news before they implement any action or share the news with others.

Role of Science and Research

- Conduct good quality, collaborative, ethical research.
- Embrace transparency.
- Learn to communicate beyond your scientific peers.
- Call upon funders, governments and institutions to develop a research culture which encourages scientists to do all of these things.

Role of Technology and Platforms

- Better and more instant real-time insight is required to enable a nimble and effective infodemic response. Improved evidence is needed to build resilience to health misinformation in health systems, communities and people.
- More high-quality health information is needed online, in places where people can find it quickly and easily, and in formats and channels that compete successfully with circulating misinformation. Better analytics are needed to understand people's concerns and questions. Metadata, tags and informatics insights must strive to promote appropriate content.

- Improved public–private partnerships are needed. With digital health stakeholders working closely with health authorities to refine their use of technology. Their freshly acquired insights must be used to shape responsible behaviours, counter and dispel misinformation, and empower health care workers with knowledge and skills to fight the infodemic on the frontlines.
- Data-driven, evidence-based protocols for clear and effective communication are needed to build citizens' trust. Public–private infodemic response partnerships should be implemented to amplify verified information and counter.

Role of UN and Multilateral Organisations

- The world needs to find common principles & approaches to engage with Internet platforms and UN organisations and partners can keep the flow of scientifically verified content and data in ways that are not alarmist or misleading.
- Metrics and common references and datasets must be defined with which to evaluate the infodemic and performance of information tools, enabling a clearer view of the big picture.
- Everyone needs to anticipate the future of misinformation which is constantly changing making adaptation necessary.

Role of Science and Research

- Conduct good quality, collaborative and ethical research.
- Embrace transparency.
- Learn to communicate in ways that add to what is already being communicated and shared by other scientific institutions.
- Call upon funders, governments and institutions to develop a research culture which encourages scientists to do all of these things.

Role of Country and Health Authorities

- Infodemic management should be acknowledged and prioritised as an important non-pharmaceutical intervention that is mainstreamed into existing health systems.
- Health authorities should base their infodemic management activities and responses on empathetic and ongoing efforts to listen to and maintain open dialogue with their constituents. This method will help authorities contextualize health initiatives, accordingly, and work continuously to build relationships and trust so that constituents will listen and respond positively when authorities call for changes in behaviour.
- There will always be great value in sharing

experiences like many countries already have interventions in place and while most of these solutions are partially contextual, most can be adapted and used in other settings.
- Infodemic management in response to COVID-19 should have the long-term in mind, working to help prevent and build resilience to future emergencies especially since tere will always be a next pandemic in waiting.
- In keeping with the fast-changing infodemic environment, country health authorities must continuously evaluate their infodemic management infrastructure. This must go through rapid evaluation so that there is continuous learning and refinement.

BOX-DO&E 5: EARLY AI-SUPPORTED RESPONSE WITH SOCIAL LISTENING

Listening to people's questions and concerns is an important way for health authorities to learn about what matters to communities in response to an outbreak/epidemic. WHO's social listening platform aims to show real time information about how people are talking about COVID-19 online, so infodemic can be better managed as the pandemic evolves.

🔧 **WHO Infodemic Resources**

Media Management

Media has potential to be the best ally playing a responsible role in ensuring people are provided with the most accurate information from authentic sources on time and in a comprehensive way. There must be two-way communication and addressing of public concerns, fears, and doubts. This alliance needs long-term investment in relationship building, engaging and involving media partners from the inception stage of the humanitarian crisis. Few reflections on how media partnerships can be evolved at country level are shared below:

TABLE-DO&E 6: SUGGESTIONS TO ENGAGE MEDIA AS A COMMUNITY OF PRACTICE

Key Actions	Details	Who is Responsible
Activate media sub-committee under National RCCE Coordination mechanism	• Map all leading media institutions and organisations including social media, print and electronic media to support engagement with public for humanitarian information. • Develop ToRs for consented roles and responsibilities, especially dissemination and engagement with public on sensitive information. MoH and the Ministry of Information must validate ToRs to avoid confusion/misinformation during disease outbreaks. • Formalise the group.	National RCCE Coordination Mechanism and Implementing Partners
Develop capacities of the media group in close collaboration with a well-known media house (News Media Corp, Reuters, BBC Media Action, etc) on prioritised risks & responsible reporting during crisis	• Identify and develop learning agenda for identified partners and engage them regularly on prioritised risks and responsible reporting especially helping at risk communities on information related to preventive and protective behaviours. • Develop a calendar of engagement that needs to cut across phases and avoid one-off efforts to sustain community of practice. • Disseminate activity calendar widely, so more media institutions, organisations and networks can become part of the process. • Host calendar-wise activities including workshops, events, interviews and exposure visits.	MoH/HCT National RCCE Coordination Mechanism and RCCE Implementing Partners
Facilitate broadcast of life-saving information and impact of outbreaks and epidemics widely, and share feedback and analysis of communities	• Ensure that the media group and other organisations are briefed daily so they are apprised of the updated humanitarian plan and its progress, as well as have feedback from communities. • Facilitate engagement of media group and other organisations with MoH/ HCT and vulnerable/affected communities and document the same. Also, coordinate with National RCCE Coordination mechanism and consider organising field visits between organisations and clusters to assess needs, report on uptake of behaviours and services. • Share feedback and concern of communities so that media can address them through interactive programmes. • Coordinate media resources and inputs under leadership of National RCCE Coordination mechanism/HCT and share with humanitarian organisations.	MoH/HCT National RCCE Coordination Mechanism and RCCE Implementing Partners

Documenting Human Interest Stories

Social and behavioural outcomes especially practice-level change must be documented by RCCE and/or humanitarian practitioners. Also, collaborate with communication teams and invest in documenting RCCE stories that reflect role models of change processes to bring about positive change as evidenced through the following steps:

STEP 1
Select with your communication focal point, the right type of human-interest story, that highlights RCCE outcomes.

STEP 2
Determine the story focus, which could be embedded in the sectoral/cross-sectoral programmes or the RCCE. process itself.

STEP 3
Support the communication focal point to write a scope of work, identify the appropriate team including journalists/writers and draft an action plan.

STEP 4
Select sites and participants in consultation with National RCCE Coordination Mechanism and plan joint missions to outbreak areas; manage commitments of RCCE partners for documenting their interventions.

STEP 5
Gather the information needed without distressing the infected communities.

STEP 6
Write the story and validate facts with community members and project field team.

STEP 7
Share the stories in multiple formats on appropriate platforms.

KEY TAKEAWAYS FOR RCCE PRACTITIONERS

- Infodemic was recognised as a problem in Lassa fever and Ebola outbreaks, although it was during COVID-19 that the global community under the leadership of WHO came together to address it. Infodemic Management is now an integral part of RCCE programming during disease outbreaks and epidemics management.
- Everyone has a role to play in countering fake news and misinformation.
- Media must be seen as an ally for outbreak preparedness, response, containment elimination/eradication. They can provide support in creating positive narratives, advancing lifesaving critical information, address feedback and stop transmission of disease at community level.
- Look beyond traditional media and proactively engage with new age media (social media, telecom agencies).
- National RCCE Coordination Mechanism must strike a balance between donor commitment of humanitarian agencies and affected communities. Joint field visits and exposure visits can be planned to sensitively manage different needs. including documenting of human interest stories.

KEY ACTIONS FOR RCCE PRACTITIONERS

Follow a phased approach to key actions under the leadership of National RCCE Coordination mechanism:

- Activate media sub-committees and refine their role. **(prevention)**
- Develop learning agenda and invest in capacity development. ToRs and calendar of media activities in consultation with national RCCE Coordination mechanism provided. **(all phases)**
- Mainstream infodemic management in RCCE and programming of all organisations. **(all phases)**
- Allocate budget for both media and Infodemic activities, to implement them properly-at National RCCE Coordination and individual RCCE organisation level. **(all phases)**

4.8
Budgeting Interventions

Budget analysis of the resourcing of RCCE components should be guided by programming needs and requirement of the different phases of preparedness, outbreak response, containment and elimination. Under IHR (2005), RCCE is responsible to the national governments and must always have appropriate resources for possible outbreaks and epidemic management. However, in most cases it is planned in an *ad hoc* manner and with limited resources (financial and human). The recent outbreaks of Ebola and COVID-19 have demonstrated the need for systematic and long-term funding for RCCE with national governments. They have also outlined two pathways for resource generation:

RCCE budgets under MoH: Under the leadership of MoH and the National RCCE Coordination Mechanism, budgeting for RCCE interventions should be well integrated into the NAPHS and NHEROP. As part of NHEROP consultations, National RRCE coordination should work with relevant divisions of MoH (Public Health Emergency, IEC, Immunization and primary health care). It must estimate costs for all the different phases of outbreak and epidemic management while prioritising health risks. Also, facilitate budgets from the subnational RCCE team to inform the national budget planning processes as well as subsequent expenditure tracking and reporting.

RCCE funds raised through the support of global humanitarian and donor community: All funds raised through RCCE appeals by multilaterals, and humanitarian actors will complement the national budget for RCCE. Most partners use their resources for technical assistance to national government institutions at different levels as well as to implement localised interventions in limited geographic settings. Resources generated by partners must be well tracked to ensure they complement national efforts without duplicating interventions of other partners and contribute in reporting RCCE outcomes.

> **ROLE OF NATIONAL RCCE COORDINATION MECHANISM IN BUDGETING**
>
> Ensure RCCE is not treated as an ad-hoc measure but planned systematically with RCCE partners and affected communities. Build credibility and accuracy of assessed needs, RCCE Response Plan and priorities.
>
> Make sure perceived reasonableness of funding requirements and collective engagement under the programme cycle are associated with donor decision-making.

Key actions under the leadership of National RCCE Coordination Mechanism includes the following:

- **Health emergency management and forecasting of financial and human resources in a phased manner:** This will be a joint forecast with RCCE partners and clusters. Within NHEROP, this could be presented as a vertical investment (including RCCE support from the cluster under HRP).

- **Resource mobilisation plan of National RCCE Coordination Mechanism:** Use OCHA sample template under the guidance of National RCCE Coordination Mechanism to plan and forecast RCCE needs in collaboration with RCCE partners. This plan and its donor dissemination strategy will be led by the National RCCE Coordination Mechanism. It will also be important to coordinate with HCT for RCCE funding needs and donor engagement, if needed.

- **CE Fund Management Dashboard and Financial Analysis:** The National RCCE Coordination mechanism will facilitate funding allocations from pooled funds for RCCE partners. RCCE implementing partners will inform periodically on the use of resources (all types generated for RCCE interventions) under financial tracking services (a system rolled-out by OCHA to track resource utilisation during any given crisis). It will maintain a RCCE section/page on the dashboard on financial resources used by partners and generate intervention-wise and cluster-wise reports.

(🔗 Resources: OCHA Resource Mobilization Country Template)

KEY TAKEAWAYS FOR RCCE PRACTITIONERS

- RCCE budgeting component must be mainstreamed as part of National RCCE budgets to be systematically forecasted, planned and resourced along with clusters/sectors. These must be aligned to their programming needs and requirements for all outbreak/epidemic phases.
- National RCCE mechanism will be the designated body to coordinate with RCCE implementing partners.
- Funding needs and allocations from pooled funds will guide partners as they inform and refine their financial tracking services.

KEY ACTIONS FOR RCCE PRACTITIONERS

Follow a phased approach to key actions under the leadership of National RCCE Coordination mechanism:

- Develop phase-wise RCCE resource mobilisation plan. **(all phases)**
- Use it to address immediate life-saving needs of communities while focusing on control and containment. **(all phases)**

4.9

Monitoring, Evaluation, Accountability and Learning for RCCE Results

A comprehensive RCCE for outbreak preparedness and response is invariably complex and comprises multiple elements that must be harmoniously implemented, monitored and evaluated.

For outbreaks/epidemics to control and contain or even eliminate the disease threat, social and behavioural results must be linked to evidence generation activities related to RCCE interventions.

Regular information must be provided to guide and manage public health activities while implementing RCCE actions across different phases of outbreak and epidemic management. Simultaneously, track progress and include meaningful feedback from communities to conduct and monitor programmes while demonstrating greater flexibility.

Roll-out simple actions following a CE Results-based management approach that takes into account Monitoring, Evaluation, Accountability and Learning.

FIG-DO&E 6: MEAL FOR RCCE RESULTS

RCCE: RESULTS-BASED MANAGEMENT

For outbreaks/epidemics to control and contain or even eliminate the disease threat, social and behavioural results must be linked to evidence generation activities related to RCCE interventions.

Regular information must be provided to guide and manage public health activities while implementing RCCE actions across different phases of outbreak and epidemic management. Simultaneously, track progress and include meaningful feedback from communities to conduct and monitor programmes while demonstrating greater flexibility.

Monitoring, Evaluation, Accountability and Learning for RCCE Results (MEAL4R) will help comprehend and demonstrate the impact of RCCE interventions in humanitarian contexts. MEAL involves tracking the progress of programmes, adjusting and assessing outcomes in complex and constrained operating environment of crisis. Equally challenging is the use of this information to foster change within the organisation or even the system as a whole.

Action 1: Align RCCE Results to NHEROP	**In any given epidemic event, RBM-based RCCE programming must be aligned to the Country NHAPS/NHEROP that will include the country risk profile as well as social and behavioural analysis to identify key barriers and drivers of a specific behaviour or practice.**

1.1 Strategic prioritisation of practices/behaviours will include both behavioural and social change results for preventing and containing the outbreak following a three-pronged strategy:

- Life-saving practices with a focus on individual and community-level perspectives.
- Improving protection behaviours with a focus on collective action, local practices that address societal issues such as exclusion, marginalisation and coping skills in dealing with outbreaks.
- RCCE technical and operational capacity of implementing partners (national governments and humanitarian actors.

Roles and Responsibilities: Selection of indicators for NHEROP facilitated by National RCCE Coordination Mechanism in close collaboration with RCCE Implementing Partners.

Action 2: RCCE Monitoring	**RCCE Programme Planning must define key objectives and interventions to be implemented. Indicators developed around key objectives to be monitored through a baseline and regular evidence-generation activities.**

RCCE Monitoring: Is a routine collection and analysis of social, behavioural and programme process information to track ongoing progress against RCCE Response plans and check compliance against established standards. Monitoring data will be used (1) to make programme adjustments with respect to reach and coverage, (2) map effective/non-effective RCCE strategies, and (3) identify gaps in operational delivery of RCCE programmes and guide implementing partners address these gaps.

RCCE Monitoring Essentials	Establish a MEAL system	Establish clarity on what to measure & who to be made responsible	Collect information that is needed and disaggregate data by gender, age & vulnerable groups	Involve affected communities in defining objectives & monitoring activities	Communicate results to relevant stakeholders

Action 3	RCCE mid-term evaluations and end-of response are critical exercises defining overall impact, relevance, efficiency and effectiveness of RCCE interventions. RCCE evaluations provide learnings on what has worked, what has not worked for programmes and what can be improved in similar humanitarian settings.

Simple key steps to be followed for RCCE evaluations in crisis:

1. Evaluation can measure (a) RCCE activities, (b) programme accountability to communities via participation of affected communities in planning, managing and guiding RCCE response activities, and (c) review how monitoring and evaluation has been conducted in a participatory and transparent manner.

2. Prioritise what needs to be evaluated.

3. Engage communities and ensure they are part of the evaluation process. Make sure all segments of the affected community including men, women, boys, girls, and marginalised/vulnerable groups are included.

4. RCCE evaluations must be led by MoH and coordinated by National/Subnational coordination mechanisms.

🔧 **RCCE Evaluation Process (Adapted from IFRC CEA Toolkit)**

Collective Service-COVID-19 RCCE Strategy

UNICEF is a core partner with WHO and International Federation of Red Cross and Red Crescent Societies (IFRC) in the Collective Service platform, a global coordination mechanism engaged in global COVID-19 Response. Together they aim to deliver for the first time, structures and mechanisms for a coordinated people-centered approach to risk communication and community engagement (RCCE), embedded across public health, humanitarian and development response. Through consultation and coordination, a global social behavioural change results framework for COVID-19 response has been developed to strengthen RCCE around the six dimensions of information, perceptions, knowledge, practice, and social and structural variables on the uptake of positive health behaviours.

Action 4	Develop a knowledge management plan, document good practices and share learnings as widely as possible; learning agenda to inform RCCE.

Case Studies

Are a good example for more informed learning and understanding of issues and challenges. These case studies will map the good practices and guide the lessons of what worked and what did not in the outbreak/epidemic contexts. These can be sourced/documented thorough the National RCCE mechanism/HCT to avoid duplication of effort.

🔧 **Case Study Template**

KEY TAKEAWAYS FOR RCCE PRACTITIONERS

- Roll-out MEAL holistically and cover all phases of the outbreak/epidemic management under the leadership of MoH and jointly with RCCE coordination mechanisms at national/subnational level.
- Refer to standards and indicators from Sphere Standards, CHS and CEMS. While the first three will support *what to be measured for RCCE interventions* CEMS outlines how implementing partners will measure their own efficiencies in managing RCCE interventions in the field.
- Standards and Meta guidance for RCCE implementing partners to be provided and used based on local context and country HRP priorities.
- Affected communities are at the heart of the MEAL process and ensure all segments are engaged throughout MEAL cycle.

KEY ACTIONS FOR RCCE PRACTITIONERS

Follow a phased approach to key actions under the leadership of National RCCE Coordination mechanism:

- Identify standards and indicators for reporting. **(all phases)**
- Develop a MEAL and KM plan. **(all phases)**
- Conduct monitoring, evaluation activities and map good practices for future learnings. **(preparedness and response)**

4.10

The Checklist: RCCE for Disease Outbreaks and Epidemics

RCCE is envisaged as an evolving section which will see the addition/inclusion of more tools and resources to ensure that going forward, high quality programming is implemented across all disease outbreaks and epidemics leading to sustainable results.

This Checklist is developed to help RCCE practitioners plan, implement, monitor and evaluate country-specific RCCE interventions with interconnectedness across all Health Emergency and Disaster Risk Management Cycle phases through easy-to-follow actions. It has been developed in the format of a *to-do-list* and is aligned with *the Key Steps of RCCE for Disease Outbreaks and Epidemics* for better harmonisation and coherence of interventions envisaged.

CHECKLIST: RCCE FOR DISEASE OUTBREAKS AND EPIDEMICS

Steps Aligned to RCCE Sub-Sections	Actions	In Collaboration with	Tool/Resources, Details
Risk Communication and Community Engagement Preparedness for Response			
4.1 & 4.2	**Understanding the Context**		
4.1	4.1.1 Familiarise yourself with the category of threats and risks prioritised in the country risk profile. Develop an in-depth understanding of the disease, its origin and etiology to prevent, detect and contain future global health threats. (prevention)	MoH/HCT	Resources: (1) 10 Key Facts 15 Deadly Diseases, (Managing Epidemics, WHO)
	4.1.2 Make a note of work already done, or ongoing, locally and nationally for outbreak/epidemic preparedness and response. (prevention)		Resource: IHR (2005) and other WHO Guidance
4.2	4.2.1 Develop good knowledge of global, national outbreak management frameworks and disease specific biomedical guidelines, applicable to prioritised public health risks at country level IHR-2005, Health Emergency and Disaster Risk Framework, ERF, WHO Guidance on Preparing for National Response to Health Emergencies and Disasters). (preparedness)		Summary of Health Emergency Frameworks and links
	4.2.2 Identify entry points to integrate RCCE component in national health emergency annual planning processes (NAPHS and NHEROP). (preparedness)	National RCCE Coordination HCT/ Cluster Leads	Guidance on preparing for National Response to Health Emergencies and Disasters
4.3	**Institutionalisation of RCCE**		
4.3	4.3.1 Start collaborating with MoH on institutionalising RCCE and build systems for preparedness and response (preparedness)	National RCCE Coordination HCT/Cluster Leads/ Organisational Emergency Leads	Tool: (1) Advocacy Messages for MoH Tool: (2) Advocacy Messages for Senior Humanitarian Staff
	4.3.2 In coordination with HC/HCTs/Inter-agency Clusters, the National RCCE Coordination Mechanism, develop and implement a resourced advocacy plan. This will reinforce importance of engaging communities, understanding social and behavioural gaps and building systems for RCCE (preparedness)		Tool (1): Simplified Advocacy Plan and Stakeholder Template Tool (2): Global Advocacy Incubator Policy Toolkit
	4.3.3 Hold advocacy meetings in partnership with HC/HCTs/Inter-agency Cluster coordinators with MoH officials to integrate RCCE in national plans including Country Readiness and Preparedness processes (preparedness and response)		NA

4.4	**Coordination of RCCE**		
4.4	4.4.1 Facilitate MoH and/ HCT in the establishment of National RCCE Coordination Mechanism. Based on the discussion and suggested role of the Coordination Mechanism and draft/co-draft the ToR. (prevention and preparedness)	RCCE Implementing Partner	Tool: Sample Coordination ToR from Kenya
	4.4.2 Seek consensus on the roles, responsibilities and accountabilities of the National RCCE Coordination Mechanism, members and validate it with MoH (nationally and Subnationally), HCT including.	RCCE Implementing Partners	
	4.4.3 Ensure RCCE sub-committees/focal points are in place to support RCCE Programming (e.g., sub-committees, clusters and cross-sectoral Working Groups under National/Cluster Coordination Groups, Social Data for Action, Capacity Building, Localisation and RCCE linkages with AAP, Gender, Age and Inclusion Committee, and Media Sub-committee). (All phases)	National RCCE Coordination Mechanism	Resource: CDAC guide to National Platforms Resource: Message Guide-CDAC/ Infosaid
	4.4.4. Facilitate the RCCE Contingency Planning process. Participate for NHEROP planning and consultation & adapt it for organisational commitments. (all phases)	National RCCE Coordination Mechanism with RCCE Implementing Partners and Clusters	Tool: RCCE Contingency Template
4.5	**RCCE Data for Action**		
4.5	4.5.1. Ensure social and behavioural data is mainstreamed in MoH systems and ensure linkages with WHO Country Risk Profile (STAR Toolkit) Facilitate/ institutionalise in Behavioural Surveillance (prevention and preparedness)	National RCCE Coordination Mechanism with HCT and support of RCCE Implementing Partners and Clusters and Social Data for Action Sub-committee	Tool: Quick guide to Behavioural surveillance Resource: WHO Star Toolkit
	4.5.2 Facilitate RCCE participation in Joint Needs Assessment (JNA) and contribute RCCE Needs Assessment component when emergency strikes. Ensure social and behavioural data is mainstreamed in the Inter-agency humanitarian JNA process and affected communities are involved in every step of the rehabilitation process. (response)		Tool: Quick guide to KAP Analysis Resources: Tools from Ready Toolkit, CDC Ebola KAP toolkit & other Disease Specific Tools
	4.5.3 Support/participate clusters/HCT, in setting up joint Feedback Mechanism with affected communities. (response followed by remaining phases) • Facilitate/participate in community consultations, map excluded groups and community channels for feedback. • Promote channels for feedback in community settings and especially among excluded and vulnerable groups.	Humanitarian Coordination Team/ Cluster Leads	Tool: IFRC-Setting Up Feedback Mechanism Toolkit

4.6	RCCE Response Plan		
4.6	4.6.1 Review RCCE Contingency Plan and finalise RCCE Response Plan. Ensure Plan complements NHEROP and aligned to sector objectives. The Plan must include the following: (all phases) • RCCE objectives • Participants group • Approaches • Social-data based messages • Interventions	MoH, National RCCE Coordination Mechanism/ HCT	Tools: RCCE Response Plan Template
	4.6.2. Ensure RCCE Response Plan includes feedback of affected communities/ Relevant stakeholders. (all phases)	National RCCE Coordination Mechanism with HCT and RCCE Implementing Partners	
	4.6.3 Ensure as a RCCE implementing partner, you know what approaches and have access to harmonised materials and channels to effectively engage communities including address their diverse needs. (all phases)	National RCCE Coordination Mechanism with HCT and Clusters	
	4.6.4 Facilitate/co-conduct CHAT trainings for RCCE implementing partners. (prevention, preparedness and response)	National RCCE Coordination Mechanism	
	4.6.5 Like all RCCE partners make self-assessment of the organisational capacities based on CEMS and have an operational plan to improve staff capacities to deliver high quality RCCE interventions. (prevention and preparedness)	RCCE Implementing partners with the support of the National RCCE Coordination Mechanism	Tools: CEMS Self-Assessment Checklist (ROSA)
	4.6.6 Like all RCCE partners-adapted the RCCE response plan to organisational commitments. (all phases)	RCCE Implementing Partners with support of National RCCE Coordination Mechanism	Tools: RCCE Response Plan Template

4.7	Infodemic Management, Media Management and Documentation of Human Interest Stories			
4.7	4.7.1 Planned and resourced Infodemic component across all RCCE Implementing partners. (all phases with a focus on preparedness and response)	National RCCE Coordination Mechanism	NA	
	4.7.2 Work closely with the media sub-committee and agree on the media management strategy. Identify focal points who will speak with media on behalf of RCCE partners and share calendar of activities. (preparedness and response)	National RCCE Coordination Mechanism with Media Sub-committee with partners	NA	
	4.7.3 Document human interest stories capturing different aspects of RCCE and behavioural shifts achieved. (response and recovery)	Media Sub-committee with partners	NA	
4.8	Budgeting for RCCE			
4.8	4.8.1 RCCE Budget analysis is being regularly conducted and reported on joint Financial Tracking Services managed by National RCCE Coordination Mechanism. (all phases)	National RCCE Coordination Mechanism with RCCE Implementing Partners	NA	
	4.8.2 Develop consolidated RCCE budgets for cluster support and contributing to HRP planning and review processes. (preparedness and response)			Tools: Phase-wise Budget Template
4.9	RCCE Monitoring, Evaluation Accountability and Learning			
4.9	4.9.1 Include M&E RCCE Plan with outcome indicators in every new outbreak programme design, reflected in an M&E framework for current outbreak. (response and recovery)	National RCCE Coordination Mechanism	NA	
	4.9.2 Have a system in place to track if/and how RCCE interventions are reaching the most marginalised and vulnerable populations. (preparedness, response and recovery)		NA	
	4.9.3 Follow a process to analyse data based on gender and re-examine programmes based on gender to make changes. (preparedness, response and recovery)		NA	
	4.9.4 Document with stories and case-studies. (all phases)			Tool: Case Study Template

SUGGESTED TOOLS FOR DISEASE OUTBREAK AND EPIDEMIC CHAPTER

- **10 Key Facts About 15 Deadly Diseases, Managing Epidemics, WHO, 2018**
- **Health Emergency Global Frameworks and Standards (Summary and Links)**
- **Adapted from Guidance on Preparing for National Response to Health Emergencies and Disasters**
- **Community Engagement Minimum Standards**
- **RCCE Advocacy Plan Template (Simplified)**
- **Stakeholder Template (Simplified)**
- **Advocacy Messages for MoH**
- **Advocacy Messages for Senior Management Message Takeaways**
- **Global Advocacy Incubator – Advocacy Action Guide (Tobacco Free Kids)**
- **WHO COVAX Vaccine Introduction Toolkit**
- **Collective Service: RCCE Coordination Approach**
- **Collective Service: RCCE Coordination toolkit; CDAC Guide on National Platforms-7, DRC Congo for Ebola Response**
- **Real-time examples of RCCE Coordination for Outbreaks and Epidemics in Humanitarian Contexts**
- **Examples of Countries with Functional PHECOs and with Systematically Aligned RCCE Coordination Mechanisms**
- **Collective Service: RCCE Coordination Toolkit**
- **ToR for Kenya Country Office**
- **OCHA RCCE Field-Level Working Group ToR**
- **Ebola**
- **WHO and Welcome Trust Report: Integrating Social Science Interventions in Epidemic, Pandemic And Health Emergency Response**
- **Behavioural Surveillance Survey tool and CDC-BRFSS Questionnaire**
- **Ready Initiative Select Tools**
- **Rapid KAP tool**
- **RCCE Plan Template**
- **CEMS Checklist**
- **CCCs-CE,SBC-Commitments and Benchmarks-Sectors and Cross-Sectors (2)**
- **CDAC Network/Infoasaid Online Message Library (2012)**
- **Infodemic Management.pdf**
- **WHO 3rd Global Infodemic Management Conference Report**
- **WHO Infodemic Resources**
- **RCCE Evaluation Process (Adapted from IFRC CEA Toolkit)**
- **Case Study Template**

SECTION 05

Complex Humanitarian Emergencies

This chapter outlines guidance for Complex Humanitarian Emergencies (CHE) and provides additional resources for large-scale movements of refugees, migrants and internally displaced persons.

While the management of CHE is decided case-by-case by Inter-Agency Standing Committee (IASC), an overall understanding of Humanitarian Programming is critical.

Therefore, this section should be applied after reading the CHAT Overview and Introduction.

SECTION 05

Contents

Complex Humanitarian Emergencies: Definition and Operational Context

5.1
Definition and Context

The Inter-Agency Standing Committee (IASC) defines Complex Humanitarian Emergencies (CHE) as *"humanitarian crisis in a country, region, or society where there is total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single and/or ongoing UN country programme."*

In other words, CHEs could be a result of a combination of factors related to political instability, conflict, violence, social inequities, or underlying poverty. They are mostly political in nature with potential to erode the cultural, civil, political, and economic stability of societies. When coinciding with natural hazards and/or disease outbreaks, they can further exacerbate livelihoods and worsen poverty.

Complex Humanitarian Emergencies are difficult and expensive for humanitarian agencies to operate in. As the crisis is prolonged, it gets harder to find willing funders. However, without that funding and those agencies, the situation can deteriorate, creating a vicious cycle of increased need and reduced resources.

(Source: Orientation Handbook on Complex Emergencies, 1999)

5.1.1
Nature and Typical Characteristics of CHEs

In CHEs, it is extremely difficult to come up with lasting solutions. There are times when the government is thrown out of power and the state is without leadership or is unwilling to engage humanitarian actors. This places the onus on humanitarian community and development actors to resolve the conflict by engaging with government and non-state actors. In CHEs, the mandate is about saving lives and addressing immediate humanitarian needs of affected communities since governments cannot or will not meet the needs of its people by themselves.

FIG-CHE 1: KEY CHARACTERISTICS OF CHE

Extensive violence and loss of life, massive displacements of people, widespread damage to societies

Hindrance or prevention of humanitarian assistance by political and military constraints

Key characteristics of complex humanitarian emergencies

Economies and the need for large-scale, multifaceted humanitarian assistance

Significant security risks for humanitarian relief workers in some areas

(Adapted from: 🔗 Harvard Humanitarian Initiative, Build Back Better Response)

Multiple Scenarios Caused by CHEs

TABLE-CHE 1: EXAMPLES OF COMPLEX HUMANITARIAN EMERGENCIES

Ukraine	
Large-scale, multi-country large-scale movement and displacement, economics crisis and public health aspects	The invasion of Ukraine is one of Europe's largest humanitarian crisis since the 1990's. The conflict has led to civilian casualties and destruction of public infrastructure, forcing people to flee their homes and seek safety, protection and assistance. Millions of refugees from the country crossed borders recording rise in food and fuel prices, and a deepening food crisis. The imminent arrival of colder weather in the weeks to come and threat of COVID-19 as well as polio transmission remained high, posing risk to other impacted countries. Barely 36% Ukrainians are fully vaccinated against COVID. Further, a growing long-term requirement for mental health support added to the compounding health and economic crisis in the region.

Yemen	
Civil war, conflict, food insecurity, famine and recurring public health emergencies	Yemen's complex crisis sits at the crossroads of ongoing conflict, internal displacement, and public health emergency. The Yemeni Civil War has, according to one UN estimate left nearly 80 per cent of the country's population in need of some form of assistance, and damaged food systems, local infrastructure, the economy, and education prospects. Ever since violence escalated in March 2015, it deepened inequities in the country with rising levels of unemployment and food shortages in addition to heightened security challenges for civilians. In 2020, the FAO, WFP, and UNICEF had warned that a year later, in 2021 emergency levels of food insecurity could affect up to 5 million people. This number has since gone up to 16.2 million with as many as 20.7 Yemenis needing humanitarian assistance by early 2022.

Venezuela	
Political and economic crisis and migration	Since 2018 Venezuela has been experiencing an unprecedented manmade humanitarian crisis. Seven million people have been left in need of humanitarian assistance. With over 3 million (approximately 10 per cent) of the population fleeing the country as a result of political instability, hunger, inflation, poverty, and soaring crime. As many as 17 countries host around 80 per cent Venezuelans (approximately 5 million) throughout Latin America and the Caribbean – triggering the largest external displacement crisis in Latin America's recent history. Ecuador even introduced new legal measures that required Venezuelan citizens to have a visa to enter the country. This significantly reduced the number of refugees who could enter Ecuador, leaving those Venezuelans more vulnerable to abuse, violence, and trafficking. It also limited their access to health, education, food security, and protection.

Democratic Republic of Congo (DRC)	
Public health crisis (Ebola and other outbreaks), armed conflict	The 2017–2020 Ebola outbreak in the DRC was the second-largest in history, and just one of many humanitarian crisis situations that the country had seen. For decades, one of the world's deadliest, longest-running crises had been unfolding in DRC with nearly 5.5 million Congolese away from home as of 2021. Compounding threats include a polio outbreak that began in 2018, and the socio-economic impacts of the ongoing Horn of Africa locust invasion, and recurrent natural hazards, such as droughts and floods. Ongoing violence perpetrated by armed groups against civilians in the eastern region continued, largely due to poor governance, weak institutions, and rampant corruption. Resultantly, as many as 27 million Congolese require humanitarian assistance which is nearly a 38 per cent increase compared to 2021 and 145 per cent increase in humanitarian need compared to 2019. Even with the peace officially declared, violence did not abate and outbreaks of armed conflict continued to be triggered by land, natural resources, and ethnic disputes. (🔗 https://www.cfr.org/global-conflict-tracker/conflict/violence-democratic-republic-congo)

Adapted from 🔧 **7 of the Worst Humanitarian Crises to Know in 2022**
🔧 **Ukraine-Complex Emergency-USAID** 🔧 **Ukraine: Six Months in, IFRC Warns of Ripple Effects and Mounting Humanitarian Needs** 🔧 **Large-scale Internal Displacement**

5.2
Complex Humanitarian Emergencies: The Operational Context

To improve effectiveness of the Inter-Agency Standing Committee's (IASC) response to a rapidly deteriorating humanitarian situation, the IASC Principals endorsed in November 2018 the new system-wide emergency activation procedures, referring to them as *Scale up*. This *Scale up* activation replaced the previous L3 system of 2012. The IASC Protocols developed to support humanitarian system-wide emergency response activation, such as empowered leadership of the Humanitarian Coordinator, remain relevant and have since been updated and aligned with the *Scale up* activation protocols.

Peer reviews and evaluations seek to strengthen accountability of the system to respond in a timely and effective manner in response to a sudden- onset of crisis or a rapidly deteriorating humanitarian situation. *Scale up* activation is time-bound (limited to six months) and can only be extended once (for an additional three months in exceptional circumstances).

> The **IASC Humanitarian System-Wide Scale-Up Protocols** are a set of internal measures that enhance the response in view of increasing humanitarian needs. They ensure IASC member organisations and partners rapidly mobilise necessary operational capacities and resources while responding to critical needs on the ground.

5.2.1
Community Engagement for Social and Behaviour Change (CE,SBC) and CHE

CE,SBC is one of the most critical components of CHE. It should be integrated within humanitarian programming from the onset of any complex crisis which could be either sudden/rapid-onset of emergencies (natural and human-induced disasters) or open conflict (inter-and intra-country conflict, posing a high risk to civilians).

The CE,SBC component should be planned together with the existing inter-agency mechanisms and with Localisation, Inclusion and Accountability to Affected populations (AAP team). It should be mainstreamed within the Humanitarian Response Plan (HRP) with clear actions for relevant clusters. TABLE-CHE 2: enumerates actions select complex situations and within in it, suggests the role of CE,SBC.

TABLE-CHE 2: COMPLEX HUMANITARIAN EMERGENCY SITUATIONS AND ROLE OF CE,SBC

#	Category	Complex Situations	Role of CE,SBC in CHEs
1	Rapid onset of disasters	Natural disasters (storm surges, earthquakes), disease outbreaks, industrial accidents, displacement	These crisis can cause immediate loss and large-scale devastation that affect millions. Promoting the uptake of relevant and inclusive services can save lives by actively engaging communities through timely, actionable and useful information when needed most.
2	Open conflict	Inter-and intra-country conflict, civil war, insurgency, risk of ordnance and rule of law in war	CE,SBC helps address vulnerabilities of affected communities. It ensures that the principle of *Do no harm* is applied while engaging communities, and builds trust to support delivery of aid while providing the right foundation for people-centered humanitarian programming.

LARGE-SCALE MOVEMENT OF REFUGEES, MIGRANTS AND INTERNALLY DISPLACED PERSONS (IDP)

Large-scale movements involve mixed flows of people who may use similar routes but move for different reasons, including fear of persecution, conflict and violence, human rights violations, poverty and lack of economic prospects, or natural disasters. Many people cross borders to find work, and an increasing number are moving as a result of climate change. People's reasons for migrating are complex, and are often a combination of these and other social and cultural factors.

In recent years, large-scale movements include refugees, migrants, IDPs, asylum seekers, stateless persons, smuggled or trafficked children and their families. These movements are characterised by a high proportion of children and their families in need of humanitarian assistance. Mixed migration flows include the Central Mediterranean route used by refugees fleeing conflict and persecution and migrants looking to move to countries in Europe for better social and economic opportunities; the Eastern African route used by migrants and refugees from the Horn of Africa towards Yemen and the Gulf countries; and movements through Central America towards Mexico and the United States. Along these routes, migrants and refugees face many risks ranging from abuse, exploitation and abduction to trafficking.

Global Guidance: All actions concerning refugees, migrants and IDPs are governed by international policies, frameworks and protocols such as the 1951 Refugee Convention and its protocol; Global Compact on Refugees; Global Compact for Safe, Orderly and Regular Migration; Global Action Plan to End Statelessness: 2014–2024; and the Guidance Note of the Secretary General: The United Nations and Statelessness. The Guiding Principles on Internal Displacement outlines the nature of protection that is available to IDPs. These global legal frameworks are based on principles that are in conformance with human rights, demonstrating people-centeredness, aiming for international cooperation and responsibility sharing and national sovereignty. Each of these is adhered to while following the country's rule of law. Every attempt is made to ensure interventions to support and protect migrants and displaced persons remain gender responsive, child-sensitive and follow a whole-of government and society approach.

These frameworks offer a comprehensive approach to address risks and challenges for individuals and communities in the countries of origin, transit and destination. They focus on strengthening protection and access to services for migrants and displaced persons while enhancing self-reliance, reducing risks and vulnerabilities which displaced persons and migrants face at different stages of migration, and creating an environment where those on the move along with host communities can prosper.

CE,SBC implications: These global frameworks inform design and implementation of CE,SBC actions by addressing risk drivers that may threaten people while in transit and reduce vulnerabilities, providing accurate and timely information at all stages of migration including information on their pathways. They engage communities on preventing, combating and eradicating human trafficking, improving knowledge and access to rights, entitlements and basic services; and facilitating their sustainable reintegration through inclusion, social cohesion and protection against stigma and discrimination.

🔧 **CCCs UNICEF 2020, Convention and Protocol Relating to the Status of Refugees, Global Compact on Refugees; Global Compact for Safe, Orderly and Regular Migration; Global Action Plan to End Statelessness: 2014 – 2024**

🔧 **SG Action Agenda on IDPs**

KEY TAKEAWAYS FOR CE PRACTITIONERS

- Complex Humanitarian Emergencies are often the result of a combination of political instability, conflict, and violence, social inequities, and underlying poverty. They are essentially political in nature and can erode the cultural, civil, political, and economic stability of societies. This is more common when exacerbated by natural hazards and diseases, which further undermine livelihoods and worsen poverty.
- CE,SBC is yet to be mainstreamed programmatically and operationally within Humanitarian Response Plans. It can play an important role in saving lives and meeting humanitarian needs of affected communities. Furthermore, it can promote active engagement of affected populations in response planning, monitoring, and evaluation. Actions need to be geared to strengthen trust, thereby improving quality of humanitarian aid.
- At country level, Humanitarian Country Team (HCT)/Humanitarian Coordinator lead the response with active support of humanitarian organisations.
- Integration of CE,SBC should ideally be planned with HCT and the existing Inter-agency cluster coordination group. It should be systematically mainstreamed across clusters and contribute to higher level outcomes envisioned by the response strategy.

KEY ACTIONS FOR CE PRACTITIONERS

- Understand the nature of CHE, its drivers and impact on affected communities especially vulnerable groups, including children, girls, women, persons with disabilities, as well as response actions considered by clusters and HCT.
- Participate in humanitarian coordination meetings.
- Develop an integrated and resourced overall CE,SBC component for HRP with HCT and Inter-cluster-mechanism. This will include both overall component and cluster commitments for sectors and cross-sectors.

5.3

Leadership of Humanitarian Coordination and CE,SBC: Working with Partners and Delivering Results

Coordination mechanisms vary depending on circumstances of each complex emergency. The IASC decides upon the appropriate mechanism on a case-by-case basis at global level. Coordination arrangements are continuously reviewed by IASC, which will recommend change as and when appropriate. At the field level, the Humanitarian Coordinator/Resident Coordinator leverages existing coordination mechanisms to further facilitate quick, effective, and well coordinated provision of humanitarian assistance in close collaboration with clusters to those seriously affected by the complex emergency in question. Only if there are no existing mechanisms on the ground, will new coordination structures be established under the leadership of OCHA in collaboration with relevant agencies and humanitarian actors.

From the very beginning, the CE,SBC coordination element should be central to the humanitarian coordination that is established for any complex emergency context. It brings all partners implementing CE,SBC interventions together, including Communication and Community Engagement (CCE)/Community Engagement and Accountability (CEA)/Communicating with Disaster Affected Communities (CwC). The CE,SBC must be embedded in the approach outlined by UN-OCHA in close collaboration with UNHCR, IOM and national authorities (if functional) for humanitarian actors. In addition to coordination at the country level, coordination support to clusters must be part of the existing mechanism. For both onsite and remote programming, planning and implementation of CE,SBC interventions must take into account local needs. This is more relevant when humanitarian access is challenged due to insecurity arising out of political unrest, disease outbreak, natural calamity or any other unpredictable and unplanned event.

COORDINATION AND PARTNERSHIPS FOR LARGE-SCALE MOVEMENT OF REFUGEES, MIGRANTS OR IDPS

If a country is responding to large-scale movement of refugees, migrants, and/or IDPs, it must ensure from the outset a set of well coordinated CE,SBC interventions that are part of its emergency response. Further, the CE,SBC mandate must be part of the existing AAP Working Group or the newly formalised mechanism. It must have implementing partners with experience in dealing with protection issues. Further, all partners implementing CE,SBC interventions can be brought together (including Communication and Community Engagement (CCE))/Community Engagement and Accountability (CEA)/Communicating with Disaster Affected Communities (CwC). Through the CE,SBC WG will feed into the coordination model and meet the needs of crisis affected communities. Children and adolescents should be adequately captured in interagency /sector assessments,

strategies and programmes. Additionally, approaches should be harmonised, gaps avoided and complementarities maintained. In other words, CE,SBC must be seamlessly integrated in the 5Ws (Who is doing What, Where, When and How).

Through CE,SBC coordination inter-agency mechanisms including cross-border points such as Blue Dots could be supported. Furthermore, CE,SBC WG will lead interventions such as mapping 5Ws capacities, CE,SBC evidence through Inter-agency Needs Assessment and Humanitarian Needs Overview), building local capacity, partnerships and response planning, implementation and monitoring.

🔧 **UN General Assembly Resolution-Refugee Coordination Model (RCM)-A/RES/69/152, A/RES/70/135)** 🔧 **Protection Cluster 2022 Activity Matrix with CE Activities-Ukraine Response**

CE,SBC Coordination within CHEs

CE,SBC coordination helps identify and meet priority needs, address social, cultural and behavioural gaps, harmonise approaches and minimise duplication in CE interventions for response and recovery. It ensures coordinated and coherent actions across response interventions and avoids duplication of effort as also with respect to available resources and capacities.

Type of CE,SBC Coordination within CHE's

In major emergencies, there is often an existing OCHA-led coordination mechanism that coordinates community engagement. This is usually convened in close collaboration with UNHCR/UNICEF/ IOM. Often adhoc structures get established to address mixed migration during a large-scale crisis. This mechanism should be supported by OCHA jointly with relevant agencies and humanitarian organisations. It is important to note that these coordination mechanisms should support non-emergency contexts especially where there is large-scale movements involved, including movement of children.

However, in the absence of an existing WG, a ToR for CE,SBC Coordination Mechanism will necessitate endorsement by HCT. This must include well-defined working modalities with clusters that pave the way for a seamless coordination of strategic and operational implementation of actions. The coordination mechanism will support community engagement efforts across the HPC to meet priority needs, address gaps and minimiseduplication among CE interventions.

Working Modalities

The CE,SBC WG will be facilitated by a Coordinator who will represent the group in HCT and collaborate

with humanitarian organisations on CE commitments. The CE implementing partners will support relevant/ prioritised clusters (Health/Nutrition, WASH/ Protection/ Education/Livelihoods/CCM/Food Security and others) and cross-sectoral WGs (Social Protection/Cash Transfers/ Localisation and Inclusion-AAP, Gender, Age and Disability) to know their response strategy before influencing the choice of CE interventions that have been integrated.

> **Important Note:** Ensure that CE,SBC WG and sub-committees have requisite technical expertise on the concerned CHE which that country is responding to. Sub-committees under large-scale movement coordination could range from CE,SBC data for action, capacity development, and cross-sectoral WGs localisation and CE,SBC linkages with AAP, gender, age and inclusion Committee Media Hub-Committee. This will help build quality checks to ensure CHE issues and gaps are adequately addressed.

Roles and Responsibilities of Key Stakeholders

Under the leadership of HCT, the CE,SBC WG will seek participation from UN agenices, iNGOs, Red Cross/ Crescent Societies, media development agencies, local NGOs, specialist communications entities, private sector, academic institutions and representatives of local groups, especially displaced persons and migrants.

Collaborative Actions of CE,SBC WG

This is where agencies discuss, share and collaborate on CE and approaches to engage affected communities and collect their feedback. In the initial phase of the emergency, there is need to ensure coordination and coherence and to avoid duplication.

FIG-CHE 2: COLLABORATIVE ACTIONS FOR CE,SBC WORKING GROUP
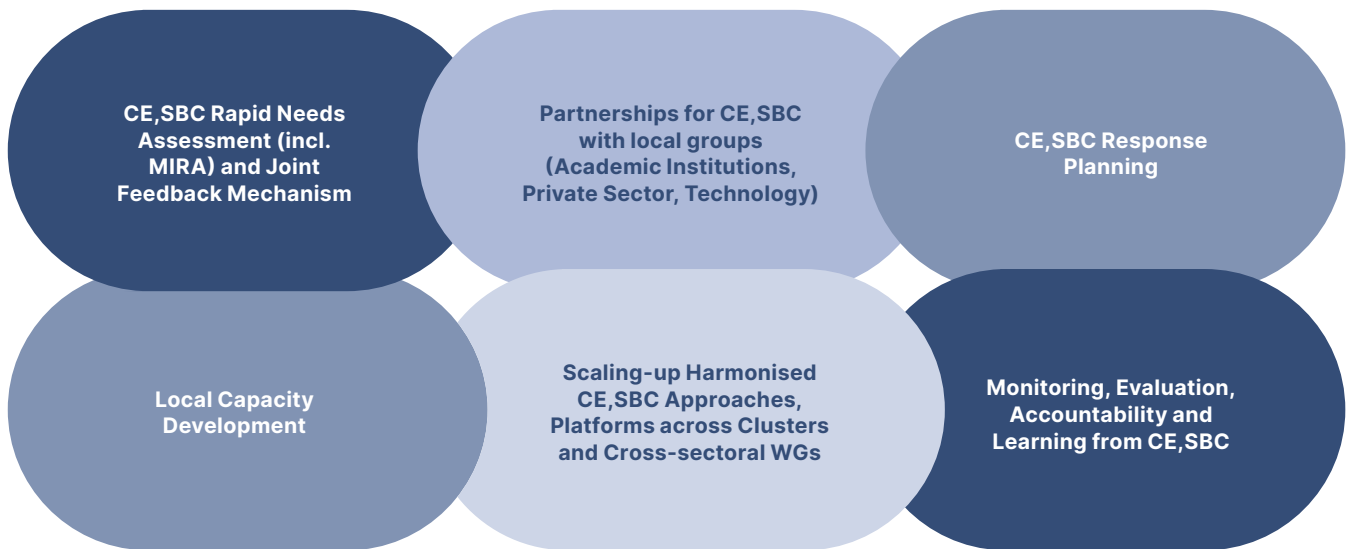
CE,SBC Rapid Needs Assessment (incl. MIRA) and Joint Feedback Mechanism

Partnerships for CE,SBC with local groups (Academic Institutions, Private Sector, Technology)

CE,SBC Response Planning

Local Capacity Development

Scaling-up Harmonised CE,SBC Approaches, Platforms across Clusters and Cross-sectoral WGs

Monitoring, Evaluation, Accountability and Learning from CE,SBC

🔧 **ToR for Burkina Faso**
🔧 **UNHCR Refugee Model Coordination**
🔧 **Sample Protection Cluster Activities with Community Engagement**

BOX-CHE 1: VENEZUELA INTER-AGENCY PLATFORM

Context: In April 2018, a Regional Inter-agency Coordination Platform was formed by UNHCR and IOM so they could lead and coordinate the response to refugees and migrants from Venezuela. This helped in establishing communication channels with communities through an inter-agency platform at the sub- national level. The same was also involved in the Venezuela Migration Crisis Response and is now part of the R4V – Coordination Platform for Refugees and Migrants from Venezuela.

Leads/Chairs/Co-Chairs: UNICEF and IFRC co-lead the Communication with Communities and Communication for Development Working Group (CwC /C4D–R4V).

National and international Actors Involved: Over 40 UN agencies, CSOs, NGOs and donors participating in the Regional Inter-Agency Coordination Platform for Response to Migrants and Refugees of Venezuela (R4V) support the response managed at the national and local levels. Agencies that are involved include IFRC, IOM, Plan International, Save the Children, UNAIDS, UNFPA, UNHCR, UNICEF, UNESCO and WFP.

Opportunities, Challenges, Achievements: CDAC undertook a mission to Colombia and Ecuador and their online report, issued in September 2019, titled, *Communication, community engagement and migration: Challenges of the crisis in Venezuela* summarised main conclusions. These contributed to a review of communication, information, feedback and community engagement mechanisms in response to the Venezuelan migration crisis. During 2019, work of the Communication with Communities/ Communication for Development (CwC/C4D-R4V) WG (regional), co-led by UNICEF and IFRC focused on its reactivation and implemented an online collaboration management mode, to meet the goals of its 2019 work plan. It included a Regional Information and Communication Needs Assessment that was conducted along with a regional message bank that was developed. Moreover, a Regional Communication with Communities training was conducted and an elaborate ToT on AAP held.

KEY TAKEAWAYS FOR CE PRACTITIONERS

- CE,SBC Coordination WG, if not already established under UN-OCHA or other partners such as UNHCR/UNICEF should ideally be established as a cross-sectoral group under the leadership of HCT to support relevant and/or prioritised clusters.
- Members of CE,SBC WG must be diverse and should ideally have prior experience in supporting the complex situation in the field. Expertise of members in community engagement interventions from short- and long-term perspectives will also be an added advantage while responding to needs of affected communities.
- Coordination must be applied across each aspect of the Integrated CE,SBC-HPC Collective Action Framework and include interventions such as 5Ws mapping to avoid duplication of efforts. It must also include, consultation with members to develop CE,SBC response actions (and component for HRP) local capacity development for CE,SBC; Social and Behavioural data for action, scaling-up harmonised approaches, platforms and resources across sectors/clusters and Monitoring, Evaluation, Accountability and Learning.

KEY ACTIONS FOR CE PRACTITIONERS

- Participate and facilitate activation of already existing CE,SBC coordination WG or establishment under leadership of HCT in close collaboration with UNHCR and IOM.
- Define institutional and implementing partners' accountabilities.
- Map CE,SBC competencies/skills needed for CHE to determine strengths, gaps and ways of collaborating at inter-cluster (both sectoral and cross-sectoral) level.
- Develop and update mapping of community networks and influencers for effective engagement with affected communities.
- Develop CE,SBC component for Contingency Plan/HRP jointly with CE,SBC WG members and clusters.

5.4
CE,SBC Data for Action for CHE

CE,SBC Data for Action is as critical in CHE as in other emergency contexts. Here too and ideally based on the community reported needs and priorities, it will determine the emergency response, including what help is given to whom, where, why and how. If these decisions are based on inaccurate assumptions, they will affect the impact and trust of the response operation causing potential delays and missteps in the response.

Integrating CE,SBC into Humanitarian Needs and Analysis Cycle

1. Identify population's main CE needs (immediate and long-term) including the most appropriate and existing platforms that are available to engage them (in case of epidemics, it will be important to understand main risks and barriers to safer practices). This information will help in planning the most effective CE,SBC activities as part of emergency response operations.

2. Support CE,SBC data for action must be carried out in an accountable manner. This implies that community members must participate and/or have adequate opportunity to express their needs and feedback

through different phases of response and recovery. They must be treated respectfully and provided with clear and transparent information on the process and next steps. This ensures that humanitarian response actions meet the needs of the people affected by sudden onset of crisis while building trust with affected communities.

Even within CHE, the CE,SBC **data needs should be mapped in accordance with the data processes related to the Humanitarian Programme Cycle.** The data thus collected must be utilised for programme improvement and influencing of decision making. The social and behavioural evidence must be generated under the leadership of HCT and in close collaboration with CE Coordination WG and with affected communities. All elements of **CE,SBC Data for Action must be mainstreamed as part of HRP.** These must then be linked with social science and biomedical operational guidelines for each particular disease/natural hazard/conflict for triangulation of analysis. In case formal assessments are not possible, informal assessments will help understand needs of affected communities.

TABLE-CHE 3: TOOLS THAT RESPONDING ORGANISATIONS CAN USE TO DETERMINE THE MOST APPROPRIATE KIND OF RESPONSE ACTIONS

Acute CHEs (Ukraine crisis)	As per the **Multi-Cluster/Sector Rapid Assessment (MIRA)** needs assessment should be "well-coordinated, rapid and repeated/reviewed as necessary to reflect changing dynamics, barriers, drivers and needs in each country. It must be agreed that the results of needs assessments should inform overall strategic planning and prioritisation processes." In case of access issues, informal assessments will be helpful.
Protracted Crisis (Afghanistan crisis)	In a protracted crisis, a **Humanitarian Needs Overview (HNO)** should follow a MIRA. In recent years, most CHEs have been caused by intra-country fighting, not as a result of wars between nations. This can bring its own complications. Unravelling a complex humanitarian emergency and providing relief typically requires an understanding of the motivation of the actors involved. In addition, the intervention can take on political overtones.
Acute and Protracted Crisis (Yemen with Cholera Outbreak)	**Community Feedback Mechanisms** entail joint (Inter-agency) feedback supported by HCT to ensure partners complement efforts, namely by harmonising collection of tools, using a common dashboard and categorisation. This will help RCCE partners to undertake joint analysis of main concerns and feedback trends, discussion on recommendations and follow-up on concrete actions taken across all phases and in collaboration with and referrals to other pillars/sectors of response.

🔧 **Tool: Quick Guide to Needs Analysis**
🔧 **Information and Steps for CE Component within HNO**
🔧 **IFRC: Feedback Starter's Kit**
🔧 **IFRC-Setting up Feedback Mechanism Toolkit**

CE,SBC Data for Action on Large-Scale Movements of Refugees, Migrants, and IDPs

While supporting protection-sensitive Needs Assessment for large-scale movements and undertaking secondary data analysis, effort must be made to cover needs and priorities of both refugees, migrants, IDPs and host populations. In addition to socio-economic and health challenges, displaced persons and migrants within host communities are challenged with unemployment, food insecurity and forced evictions. They may have limited access to water, sanitation and hygiene services. Moreover, social tensions resulting from discrimination, xenophobia, stigma against the displaced persons or migrants pose additional challenges when it comes to inclusion and access to services. CHEs often see an increase in gender-based violence (GBV).

For a humanitarian response to be protection-oriented, it is essential to understand and prevent, mitigate, and/or end actual and potential risks. This requires continuous analysis of needs, risks, threats, vulnerabilities, and capacities of affected persons on one hand while strengthening commitment and capacities of duty bearers to address risk factors on the other. Such an analysis provides the evidence base for programming, advocacy, and other activities that aim to change behaviours and policies in support of a more favourable protection environment along with better protection outcomes.

With active participation of refugees,migrants IDPs and host populations, their needs can be mapped in critical areas such as food, shelter NFI, health, education, protection including referral and restoring of family links at key points along migratory routes from origin, transit and destination to return. The larger focus must be on ensuring meaningful participation of the most vulnerable and marginalised groups, amplifying voices of displaced persons, migrants and host communities, in the design of the needs assessment processes and sharing findings with them.

🔧 Joint Analysis (Venezuela Crisis-R4V) for Response Plan for Refugees and Migrants in Peru

What is NARE? The Needs Assessment for Refugee Emergencies (NARE) is a highly customisable initial multisectoral needs assessment checklist for undertaking joint rapid assessments in refugee emergencies. The checklist is designed to help UNHCR operations implement multisector needs assessments when there has been a sudden and forced displacement across borders. Some of its saliant features are enumerated below:

- NARE is an existing refugee response programme used when there is a sudden large-scale movement influx into an existing refugee operational environment or in an operation where previous assessments have been inadequate.
- It highlights information derived from pre-crisis and post-crisis secondary data analysis and before primary data collection begins.
- For primary data collection, NARE has data elements that can be derived from facility visits, observations, key informants, and focus group discussions.
- It promotes cross-analysis of information derived from multiple methodologies across multiple sectors to ensure a rapid, relatively complete picture.

🔧 Needs Assessment for Refugee Emergencies (NARE, UNHCR): NARE Pocket Version, UNHCR Needs Assessment Handbook, UNHCR NARE-Checklist

Rapid Protection Assessment (RPA): The RPA helps protection staff, clusters, other protection agencies and cross-cutting WGs including CE,SBC WG to collect relevant information to identify key protection concerns and information gaps following an emergency according to an agreed common methodology. An RPA will identify:

- Key protection concerns in the emergency.
- Who and how many have been affected, where are they and which population groups have been affected most severely.
- What are the drivers that make these population groups more vulnerable to violence, exploitation, abuse and neglect.
- Gaps in response and capacities, taking into account coping strategies and preferences of affected populations. The intent is to assist humanitarian response teams to elaborate a strategic plan or an action plan containing prioritised protection concerns on which the protection team will focus; general strategic approaches which the team will follow to address these concerns; and what projects and activities will be implemented in a coordinated way, to take forward the strategic approach.

🔧 Rapid Protection Assessment Country Samples

Coordination Modalities for Needs Assessment for Refugee Emergencies: Under the broader humanitarian reform process, a UNHCR office may coordinate a multi-agency joint needs assessment in a refugee emergency while participating in a multi-cluster joint assessment that would be carried out in an IDP context coordinated by OCHA. It will coordinate a cluster-specific needs assessment as a cluster lead, or take on a lead role within a sector or multi-sector assessment in a mixed displacement situation. Additionally, in-depth needs assessments will be fundamental for robust medium- and long-term (multi-year) planning in protracted situations and for laying the foundation for durable solutions in the context of refugees and IDPs. Also, under the leadership of HCT, it will establish and operationalise joint/Inter-agency feedback and a complaint mechanism. It will ensure joint analysis for programming by CE implementing partners for planning, implementation and monitoring of CE,SBC interventions.

CE,SBC Implications for NARE Checklist and RPA:
As per the checklist it will be important to integrate social-cultural, political and economic drivers of risk and immediate, crisis-led life-saving information needs. Also, social science aspects will have to be mainstreamed to assess multidimensional factors and drivers that create vulnerability to violence, abuse, exploitation and neglect. These will be mostly associated with marginalised, excluded groups, including women, children, elderly, disabled, migrants and displaced populations.

Children on the Move Need Additional Support:
Children are among the most vulnerable migrant and displaced populations, facing risks to their survival and well-being. They face barriers to accessing health, education and other basic services and are more likely to experience violence, exploitation and abuse throughout their journey, including in transit and at destination points (United Nations, 2019, p. 15). Many of these risks vary by age and gender, with boys and girls facing different levels and types of risks in terms of violence, trafficking, child labour and child marriage (United Nations, 2019), while children and adolescents with disabilities, and those who are lesbian, gay, bisexual, transgender, queer/questioning/intersex (LGBTQI) face discrimination that overlays and intersects with these risks. Those who move on their own also lack safe and regular options to reunite with family members (UNICEF, n.d.). The very context and nature of movement affects these risks.

🔧 **What Works with Children on the Move: Rapid Evidence Assessment, OD (200)I**

Photo credit:
© UNICEF/UN0296766/Keïta

KEY TAKEAWAYS FOR CE PRACTITIONERS

- CE,SBC Data for Action should be aligned to HPC and HRP. It creates a holistic evidence base for CHE immediate needs (social impacts of affected or at risk populations) and addresses long-term social, cultural, political and economic drivers of risks.
- Affected communities must provide feedback and validate evidence generated at each stage of the process. This step will connect CE,SBC response data with recovery to ensure communities are engaged and committed to improve the quality of CE and sustainability of humanitarian outcomes.
- CE,SBC specific indicators must be integrated across clusters and analysis so data is collected seamlessly with other priorities and is duly analysed. IM focal points in clusters should be engaged to ensure aggregation and triangulation of CE,SBC data.

KEY ACTIONS FOR CE PRACTITIONERS

- Advocate to mainstream all elements of CE,SBC Data for Action within HCT/Inter-agency cluster mechanism.
- Collect data for CE,SBC needs as part of MIRA. In protracted crisis, MIRA will be followed by HNO.
- Where possible, invest in a joint feedback and complaints mechanism for common analysis and coherent programming and avoid duplication of efforts among CE,SBC humanitarian partners.
- Allow HCT to guide MIRA and HNO processes and establish and manage joint feedback and complaint mechanism.

5.5
CE,SBC Strategic Response Plan/ Component for CHE

update-The CE,SBC Strategic Response Plan must be developed as part of the Country HRP to ensure it is aligned with the overall assessed needs, objectives and strategy of affected communities. It aims to bring together all partners who are implementing CE,SBC interventions for CHE response. In line with HRP, the CE,SBC Strategic Response Plan must include harmonisation and be complemented by clusters/sector plan components.

Photo credit: © UNICEF/UN0556770/Htet

When Should the CE,SBC Response Plan be Developed?

The CE,SBC Strategic Response plan under HRP is developed within 30 days of the flash appeal being launched for a sudden onset of crisis. The plan uses the contingency template and is informed by the overall HRP and cluster/sectoral commitments.

Who Does What in the Development and Implementation of the CE,SBC Response Plan?

Under the leadership of HCT and in close collaboration of clusters/sectoral groups, the CE,SBC WG will guide and lead the CE,SBC planning process. It will provide an oversight for implementation of activities to ensure alignment with humanitarian response commitments and quality programming. Along with community engagement partners, the plan provides overall strategy and cluster/sectoral components and is used by implementing partners to further adapt it at their organisational level before rolling-out activities in their mandated areas.

What is the Purpose of the CE,SBC Response Plan?

In collaboration with CE,SBC partners, agree on a CE,SBC strategic response framework that complements HRP and cluster/sectoral commitments. This includes:

- Developing consensus on CE,SBC strategic objectives.
- Agreeing on cluster/sectoral CE,SBC components.
- Providing strategic objectives, indicators and targets for monitoring progress; disaggregating with respect to gender, age, disability and migration status and including them to ensure inclusion and participation of the most vulnerable.
- Validating identified contextual and institutional risks to the achievement of CE,SBC objectives.
- Supporting mobilisation of resources and budgeting for response activities.

Important Criteria for CE,SBC Strategic Response Planning

- Design CE,SBC response plan based on findings of the Rapid CE-needs assessment/MIRA in onset of crisis /sharp escalation of crisis one or the other CE,SBC needs overview (as part of protracted conflict); this will help in having a holistic understanding of affected communities and their needs.
- The plan must outline actions to engage both state and non-state actors. Combatants often target civilians and put them at risk of human rights violations, including increased violence and abuse of marginalised populations, food shortages, breakdown of publicly supported health and other social sector systems and services, and poor living conditions as in refugee and IDP camps.

- CHEs often bring about complex security environments and situations that cause difficulty for aid workers. Therefore, the plan must be flexible with a remote programming scope. It is an operational response to insecurity. The remote programming includes remote control, remote management, remote support and remote partnerships.
- Participation in all steps of planning and implementation should be factored in to allow communities to partake in decisions, develop a sense of ownership and help affected families achieve normalcy.

TABLE-CHE 4: KEY ACTIONS FOR DEVELOPING AND IMPLEMENTING CE,SBC STRATEGIC RESPONSE PLAN FOR CHE

Key Actions	Action Details	Who is Responsible
Coordination Action: CE,SBC Coordination WG leads and guides CHE response planning and implementation process	The CE,SBC Coordination WG will work with clusters/sectors, UN agencies, NGOs and Community representatives to determine: • Behavioural results for objectives and sectoral commitments aligned to HRP. • Develop CE,SBC Strategic Response Plan with minimum actions, roles and responsibilities of implementing partners, timelines and budgets and monitoring, evaluation, and learning. Accountability is mainstreamed as part of the CE,SBC process. • Develop a capacity development plan for CE,SBC implementing partners on CHAT and in CHE.	CE,SBC Coordination WG in consultation with HCT, Cluster/Sectoral Groups and CE,SBC implementing partners
Align CE,SBC Objectives with HRP Action: Define CE,SBC strategic objectives that complement the response plan	Based on community engagement needs assessment (MSNA) , HNO and past evidence collated, determine behavioural results and define SMART CE,SBC objectives. (& Definition of SMART objectives). These objectives should be aligned with HRP at three levels: • Address risks and community needs. • Support clusters/sectors to achieve their humanitarian response plan objectives (community engagement, behavioural change or service improvements). • Plan and coordinate a humanitarian/programme response delivery with community participation. Refer to the example of Rohingya's Response Plan (Sept 2018) which highlights CE objectives at sectoral level and talks of improving participation of communities in humanitarian programming response. (& Rohignya's Response Plan).	CE,SBC Coordination WG in consultation with HCT, Cluster/Sectoral Groups and CE,SBC implementing partners
Know Your Participants' Groups Well Action: Understand at risk and affected communities well and include all three groups while planning CE,SBC activities	**PRIMARY GROUP: At risk/affected communities among whom behaviour/social change is intended.** Primary participant groups are those directly impacted by the crisis and whose behaviour could change or influence with the aim of reducing the risk or protecting themselves and others (e.g., families, men and boys, young and adolescent girls, mothers and pregnant women). **SECONDARY GROUP: Those who influence at risk/affected communities to adopt change.** Secondary group is usually influential and may be responsible for delivering a service and are trusted by the general public (e.g., frontline workers, community members, school teachers, service providers, community and religious leaders, elders/clan leaders and local politicians). **TERTIARY GROUP: Those who help create a supportive /conducive environment for change.** Tertiary group advocates for creating policy or facilitates organisation of communities communities (e.g., facility-based staff, women committees, village chiefs, media, policy-makers and others). Important to include groups that are already marginalised in the community especially due to age, gender and ability. (& Considering Diversity in participant groups)	

TABLE- CHE 4 (CONTINUED): KEY ACTIONS FOR DEVELOPING AND IMPLEMENTING CE,SBC STRATEGIC RESPONSE PLAN FOR CHE

Key Actions	Action Details			Who is Responsible
Incorporate Approaches Holistically Action: Based on the community and programme/cluster needs, include approaches that save lives and address humanitarian needs building long-term resilience to different kinds of shocks	In CHE, the focus of CE,SBC plan cannot be dominated by one-way information dissemination. It may result in increased awareness, but it has limited impact on improving behavioural and social norms. Therefore, it is important to stimulate shared learning through dialogue, participation and discussion with members of affected communities. Involving affected families and communities allows them to determine among themselves what needs to be done and by whom in the long run, thus, establishing a sense of ownership of the processes in the different phases leading to recovery. To support such positive behaviour and social change, it is important to employ the following interrelated, interdependent and interactive approaches for saving lives and building long-term resilience to natural disasters. (🔗 Definition of Approaches)			CE,SBC Coordination WG and CE,SBC implementing partners
	1. Community Engagement on Life-saving Information	**2. Community Participation & Feedback**	**3. Social and Behavioural Evidence-based Collective Advocacy for Quality Programming**	
Use Social-Data Based Messages Action: Develop and use social data-based messages	In case of CHE, adapt already existing messages to the crisis context. Based on HRP and social and behavioural data on at risk/affected communities, ensure messages are child friendly and easily accessible to relevant communities. 🔧 **CDAC-Network Message Library** In such a situation during this stage, all messages should be rapidly assessed among prioritised communities. **The CE,SBC WG in coordination with clusters** will amplify use of messages that have been finalised in consultation with CE,SBC implementing partners.			CE,SBC Coordination WG and CE,SBC implementing partners

TABLE- CHE 4 (CONTINUED): KEY ACTIONS FOR DEVELOPING AND IMPLEMENTING CE,SBC STRATEGIC RESPONSE PLAN FOR CHE

Key Actions	Action Details	Who is Responsible
Use Social Data-Based Messages Action: Develop and use Social Data-based messages	**Message Resources** **CDAC Network Online Library of Generic Emergency Messages:** The CDAC Network/Infosaid library of generic messages provides a useful resource of hundreds of generic messages covering a range of thematic areas relevant to humanitarian emergencies, including: (1) Health, (2) WASH, (3) Nutrition, (4) Food Security, (5) Protection, (6) Education, and (7) Camp Coordination and Camp Management (CCCM). These broad categories can be searched and refined using a range of filters including issues, threats, risk groups and participant group/intended audience. For more information, download *User Guide* and FAQs. **Contextualised Bangladesh or South Sudan Message Libraries are Also Available**	CE,SBC Coordination WG and CE,SBC implementing partners
A CE,SBC Integrated Intervention Mix for Multisectoral and Cross-Sectoral Response: Action: Develop a joint intervention plan to address survival and protective practices.	**Focus of Interventions will be Three-Fold** • **Lifesaving and survival practices:** These will bring together individual and family behaviours to support survival. They can be related to protection, health, nutrition, shelter and settlements and WASH clusters focusing on providing lifesaving, essential information to help communities deal with issues threatening their survival. • **Protective practices:** These will address issues related to breakdown in family and social structures, erosion of traditional value systems, potential violence, weak governance, absence of accountability, inaccessibility of basic social services and displacement. These are related to promoting protection from violence against children and other forms of exploitation, gender equity and learning agenda to deal with aftermath of crisis. • **High quality CE,SBC response programming:** The focus will be on local capacity development to ensure NGOs and CSOs have skills to implement remote programmes and engage communities effectively in case there are access issues.	CE,SBC Coordination WG and CE,SBC implementing partners

TABLE- CHE 4 (CONTINUED): KEY ACTIONS FOR DEVELOPING AND IMPLEMENTING CE,SBC STRATEGIC RESPONSE PLAN FOR CHE

Key Actions	Action Details				Who is Responsible
The Intervention Mix	The interventions designed to complement approaches and phases:				
	Response and Early Recovery				National CE,SBC Coordination mechanism and CE,SBC implementing partners.
	Rapid Response Missions to Reach Excluded and Marginalised	Advocacy for CE,SBC Governance and Accountability.	Coordination for CE,SBC efficiency and effectiveness.	CE,SBC Data for Action where CE,SBC Needs Assessment is taken up along with CE Humanitarian Overview including Community Feedback & MEAL4R.	
		Institutionalisation for local CE,SBC Capacity Development, Quality Standards and Assurance.	Partnerships for at-scale and convergent CE platforms (Service-based, media-based and facility-based).	Building social capital for adolescents and community empowerment and resilience.	
	Clusters	Health	Nutrition	WASH	Child Protection	Education	Shelter	
	Cross Sectors	Mainstream gender, age and inclusion			
		Social Protection	AAP	Cash Trasnfers	CE,SBC Coordination WG and CE,SBC implementing partners.

HRP Template and Central African Republic HRP
CCCs–Sector-wise Benchmarks and Commitments
Link for CEMS

KEY TAKEAWAYS FOR CE PRACTITIONERS

- CE,SBC Response Planning process must be aligned with HRPs and led by HCT jointly with CE,SBC Coordination WG. The Plan uses the contingency plan template. CE implementing partners must be familiar with the template and be ready to engage in a CHE immediately.
- Community-led CE,SBC must be data-based and lifesaving, making timely response, multisectoral and inclusive as guiding principles of the CE Response plan. It should also include adaptive strategies in case there are access issues.
- Leadership of HCT in close collaboration with CE,SBC Coordination WG should effectively engage affected communities and facilitate meaningful participation in planning and implementation of plans. Affected communities should provide feedback and validate preparedness plans, participate in reviews and decision-making processes that impact their lives.
- If needed, CE,SBC plan must leverage digital engagement to improve access to affected communities.
- Align CE specific indicators within HRP so that data is collected seamlessly; the same must then inform overall humanitarian outcomes.

KEY ACTIONS FOR CE PRACTITIONERS

- Develop CE,SBC Response Plan and ensure that the process is coordinated by the National CE,SBC coordination and it engages all CE partners. Define a sector-wide intervention mix to support delivery of results.
- Ensure CE,SBC plan is aligned with national plans.
- Mainstream CE,SBC measurement indicators within the national disaster information management.

5.6
Collaborating for CE,SBC Results in CHE

For humanitarian programmes to achieve behavioural results there must be evidence generation activities related to CE,SBC with linkages to inform humanitarian actions. While implementing CE,SBC actions for CHE programmes, information on guiding and managing programme activities, tracking progress and activities, including meaningful feedback is required. This will help programmes to monitor what is happening and is flexible enough to adapt and improve based on evidence generated and feedback received from affected communities.

CE,SBC RESULTS-BASED MANAGEMENT

In CHE, robust mechanisms must be developed to collect, analyse and use community engagement using social and behavioural data. However, within CHE, the focus may not be on long-term sustained engagement. It may still need resources to achieve results on processes and meeting of immediate life-saving information needs after which any kind of measuring of results would be possible.

Even in CHE response, CE,SBC Results Based Management is applied through the Monitoring, Evaluation, Accountability and Learning Approach with simple actions as given below.

Action 1: Align CE,SBC Results to HRP	In any given crisis context, RBM based CE,SBC programming must be aligned to country HRPs and support sectoral and cross-sectoal results

1.1 Strategic prioritisation of practices/behaviours that include both behavioural and social change results with a two-fold focus

- Implementing life-saving practices with focus on individual and community-level perspectives.
- Improving protection with focus on collective action to address issues such as exclusion, marginalisation and coping skills to emergencies.

1.2 Standards landscape that has a collection of CE commitments and indicators to inform results-based programming for CHE

Needs Supported by Standards and Indicators	1. Sphere Standards 2. Child Protection Minimum Standards (CPMS) 3. INEE Standards (Education in Emergencies)	4. Core Commitment of Children in Humanitarian Action (CCCs)	5. Core Humanitarian Standards (CHS)
Operational	6. Community Engagement Minimum Standards		

(🔗 SBC/CE,SBC Standards Landscape and Indicator Analysis, CCCs, CHS and CEMS)

Purpose: The landscape and meta guidance is a tool for countries to select CE,SBC indicators and, where possible, seek their standard definitions and applications. It lists principal needs and response monitoring CE,SBC indicators for each cluster and provides a unique identifier for every indicator, similar to a p-code. This tool offers search, filter and export functions. The reference CE,SBC indicators may be used to track needs over time and support monitoring along the programme cycle. They can be used for analysis and reporting and may feature in humanitarian needs overviews, strategic planning and monitoring of documents, humanitarian dashboards and bulletins.

🔧 **Refugee Response Plan Ukraine**
🔧 **OCHA Access and Monitoring Framework**

Roles and Responsibilities: Selection of indicators for HRP is facilitated by CE,SBC Coordination WG in collaboration with CE,SBC Implementing partners, clusters and cross-sector WGs.

Action 2: CE,SBC Monitoring	CE,SBC HRP must define key objectives and interventions to be implemented. Indicators developed around key objectives will be monitored through a baseline and regular evidence-generation activities in the course of programme and/or implementation.

CE,SBC Monitoring Essentials	Establish a CE,SBC-Joint MEAL system with clusters. Access issues: Be prepared with alternate strategies.	Have clarity on what to measure & who to assign responsibility to.	Only collect information that is needed. Disaggregate by gender, age, vulnerable groups and migration status.	Involve affected communities in defining objectives & monitoring of activities. Access issues: Use digital technologies to reach wider communities.	Communicate results to relevant stakeholders.

Roles and Responsibilities: Selection of indicators for HRP is facilitated by the National CE,SBC Coordination Mechanism in close collaboration with CE,SBC Implementing partners and clusters.

Action 3: Impact Evaluation	CE,SBC end-of-response evaluations are critical exercises that can indicate the overall impact, relevance, efficiency and effectiveness of CE,SBC interventions for clusters/sectors in humanitarian response. CE,SBC evaluations provide quality learning opportunities on what has worked and has not worked for the programmes and what can be improved in similar complex humanitarian settings.

Simple key steps to be followed for CE,SBC evaluations in crisis

1. Evaluation can measure (a) CE,SBC activities, (b) programme accountabilities, and (c) manner of monitoring and evaluation. In measuring accountability, CE,SBC evaluation can measure the participation of the affected communities and their members in planning, managing and guiding the CE,SBC response activities. Additionally, this evaluation can measure this participation transparently.

2. Prioritise what needs to be evaluated.

3. Engagement of communities across the process is critical including at the end of the project. Ensure they are part of the evaluation process. Make sure all different segments of the affected community men, women, boys, girls, and marginalised/vulnerable groups such as those with disability, children or elderly.

🔧 **CE,SBC Evaluation Process (IFRC CEA Toolkit)**

Action 4: Case Studies	Develop a knowledge management plan, document good practices and share learnings as widely as possible. The learning agenda should inform forthcoming disaster preparedness.

Case Studies

Provide greater insights into issues and challenges. The case studies can be done through clusters/ HCT/ CE,SBC mechanism to avoid duplication of effort.

🔧 **Case Study Template**

KEY TAKEAWAYS FOR CE PRACTITIONERS

- Based on '*agreed*' standards and indicators, roll-out CE,SBC MEAL that contributes to the response HRP. It should be aligned with the cluster monitoring components.
- Refer to standards and indicators from Sphere, CCCs, CHS and CEMS. While first three support *what to be measured for CE,SBC interventions* CEMS outlines how implementing partners will measure their own efficiencies in managing CE,SBC interventions in the field.
- Though Standards and Meta guidance for all clusters and cross-sectors will be available, these must be adapted and used based on local CHE and country HRP priorities.
- Affected communities are at the heart of the MEAL process and ensure all segments are engaged throughout its cycle.

KEY ACTIONS FOR CE PRACTITIONERS

Under the Leadership of CE,SBC Coordination WG and Clusters:

- Identify standards and indicators for reporting.
- Develop a MEAL and KM plan.
- Conduct monitoring, evaluation activities and map good practices for future learnings.

5.7
The Checklist: CE,SBC for Complex Humanitarian Emergencies

CE,SBC for CHE is envisaged as an evolving section which will see the addition/inclusion of more tools and resources to ensure that going forward, high quality programming can be implemented across different complex situations. This Checklist is developed to help community engagement and humanitarian practitioners plan, implement, monitor and evaluate country-specific CE,SBC response interventions. The Checklist has been developed in the format of a *to-do-list* and is aligned with *the Key Steps of CE,SBC for CHE* for better harmonisation and coherence of interventions that have been envisaged.

CHECKLIST: CE,SBC FOR COMPLEX HUMANITARIAN EMERGENCIES

Important: Use this section together with Overview and Introduction to CHAT

Community Engagement Preparedness for Response

Steps aligned to CHE	Actions	In Collaboration with	Tool/Resources Details
5.1 & 5.2	**Understanding the Context**		
5.1	5.1.1 Understand the nature of CHE, its drivers and impact on affected communities as well as response actions considered by clusters and HCT.	HCT/ Cluster Leads	NA
	5.1.2 Participate in humanitarian coordination meetings.		Other resources
5.2	5.2.1 Develop an integrated and resourced overall CE,SBC component for HRP with HCT and Inter-cluster-mechanism. This will include both overall component and cluster commitments for sectors and cross-sectors.	CE,SBC WG	Tool: CHE examples CHE characteristics
5.3	**Coordination and Joint Working with CHEC**		
5.3	5.3.1 Participate and facilitate establishment of CE,SBC coordination WG under leadership of HCT.	CE,SBC Implementing Partners	Tool: Sample ToR from Philippines
	5.3.2 Map CE,SBC competencies/skills for CHE to determine strengths, gaps and ways of collaborating at inter-cluster (both sectoral and cross-sectoral) level. Maintain mapping of community networks and influencers for effective engagement with affected communities.	CE,SBC Implementing Partners	Tool: Sample ToR For Refugee Crisis
	5.3.3 Define institutional and implementing partners' accountabilities.	CE,SBC Coordination WG with CE,SBC Implementing Partners and Clusters	Resource: CDAC guide to National Platforms
	5.3.4. Develop CE,SBC Contingency Plan with linkages to CE,SBC Strategic Response Plan.		Tool: CE,SBC Contingency/component Template

5.4 CE,SBC Data For Action

5.4	CE,SBC Data For Action		
5.4	5.4.1 Advocate to mainstream all elements of CE,SBC Data for Action within HCT/Inter-agency cluster mechanism. Plan data integration with IM focal points.		
	5.4.2 Facilitate/participate in Rapid Joint Needs Assessment/MIRA and contribute for CE,SBC Needs Assessment component when emergency strikes. Ensure social and behavioural data is mainstreamed in the Inter-agency humanitarian MIRA process and affected communities are involved in every step of the rehabilitation process.	CE,SBC WG with HCT and support of CE,SBC Implementing Partners and Clusters and CE,SBC Data for Action Sub-Committee	Tool: Quick guide to Needs Assessment Analysis Resource: Needs Assessment for Refugee Emergencies (NARE). This does include CE,SBC component
	5.4.3 Facilitate/support in CE,SBC Humanitarian Needs Overview. Ensure social and behavioural data is mainstreamed in Inter-agency humanitarian Needs Overview process and engage at risk communities.		Tool: Quick steps for HNO Resource: Rapid Protective Assessment Toolkit
	5.4.4 Support/participate in Clusters/HCT in setting up joint/inter-agency Feedback Mechanism with affected communities. • Facilitate/participate in community consultations, map excluded groups and community channels for feedback. • Promote channels for feedback in community settings and especially among excluded and vulnerable groups.	HCT/Cluster Leads/National CE,SBC Coordination Mechanism	Tool: IFRC-Setting up Feedback Mechanism Toolkit

5.5

5.5 | **CE,SBC Response Plan**

5.5.1 Review CE,SBC Contingency Plan and finalise CE,SBC Response Plan within 30 days of Flash Appeal. Ensure Plan complements HRP and aligns to sector objectives. The plan includes: • CE,SBC objectives • Participants group • Approaches • Social-data based messages • Intervention The interventions must be flexible and adaptive and should support remote implementation interventions in case there are access issues.	CE,SBC Coordination WG with HCT, Clusters and support of CE,SBC Implementing Partners	Tools: CE,SBC Response Plan Template Cluster-wise Table of Interventions and examples Self-Assessment
5.5.2. Ensure CE,SBC Response Plan includes feedback of affected communities/relevant stakeholders.		Large-scale movement of refugees, migrants and displaced persons Tool: Table of Interventions based on migratory journeys
5.5.3 Ensure as a CE,SBC implementing partner, you know approaches and have access to harmonised materials and channels to effectively engage communities including address their diverse needs.	National CE,SBC Coordination Mechanism with HCT and Clusters	
5.5.4 Facilitate CE,SBC partners' self-assessment (based on the checklist)/Co-conduct CHAT trainings for CE,SBC implementing partners.	CE,SBC Implementing Partners with the support National CE,SBC Coordination Mechanism and Clusters	Checklist for capacities development for CHE

5.6	CE,SBC Monitoring, Evaluation Accountability and Learning		
5.6	5.6.1 Identify standards and indicators for MEAL jointly with Clusters and CE,SBC Coordination WG. Develop a joint CE,SBC MEAL Plan that contributes to HRP.	CE,SBC Coordination WG with HCT, Clusters and support of CE,SBC Implementing Partners	Tools: Standards Landscape Analysis
	5.6.2 Like all CE,SBC partners adapt CE,SBC MEAL plan to organisational commitments.		Tool: Large Scale Movements: CE,SBC Indicators
	5.6.3 Ensure CE,SBC partners facilitate feedback process, collection and alignment of CE,SBC interventions.		Tool: IFRC Feedback Mechanism Toolkit
	5.6.4 Like all CE,SBC partners, evaluate CE,SBC programmes to understand what has worked and what has not; and how these learnings can inform future disasters.		Tool: CE,SBC Evaluation Process
			Tool: Case Study Template

SUGGESTED TOOLS FOR COMPLEX HUMANITARIAN EMERGENCIES

- Seven of the Worst Humanitarian Crises to Know in 2022
- Ukraine-Complex Emergency-USAID
- Ukraine: Six Months in, IFRC Warns of Ripple Effects and Mounting Humanitarian Needs
- Large-scale Internal Displacement
- CCCs UNICEF 2020, Convention and Protocol Relating to the Status of Refugees, Global Compact on Refugees; Global Compact for Safe, Orderly and Regular Migration; Global Action Plan to End Statelessness: 2014 – 2024
- SG Action Agenda on IDPs
- UN General Assembly Resolution-Refugee Coordination Model (RCM)-A/RES/69/152, A RES/70/135)
- Protection Cluster 2022 Activity Matrix with CE Activities-Ukraine Response
- ToR for Burkina Faso
- UNHCR Refugee Model Coordination
- Sample Protection Cluster Activities with Community Engagement
- Tool: Quick Guide to Needs Analysis
- Information and Steps for CE Component within HNO
- IFRC: Feedback Starter's Kit
- IFRC-Setting up Feedback Mechanism Toolkit
- Joint Analysis (Venezuela Crisis-R4V) for Response Plan for Refugees and Migrants in Peru
- Needs Assessment for Refugee Emergencies (NARE, UNHCR): NARE Pocket Version, UNHCR Needs Assessment Handbook, UNHCR NARE-Checklist
- Rapid Protection Assessment Country Samples
- What Works with Children on the Move: Rapid Evidence Assessment, OD (200)I
- CDAC-Network Message Library
- HRP Template and Central African Republic HRP
- CCCs-Sector-wise Benchmarks and Commitments
- Link for CEMS
- Refugee Response Plan Ukraine
- OCHA Access and Monitoring Framework
- CE,SBC Evaluation Process (IFRC CEA Toolkit)
- Case Study Template

The CHAT – Updated to improve quality of CE,SBC programming in humanitarian contexts –
an endeavour of UNICEF Global SBC team and partners.