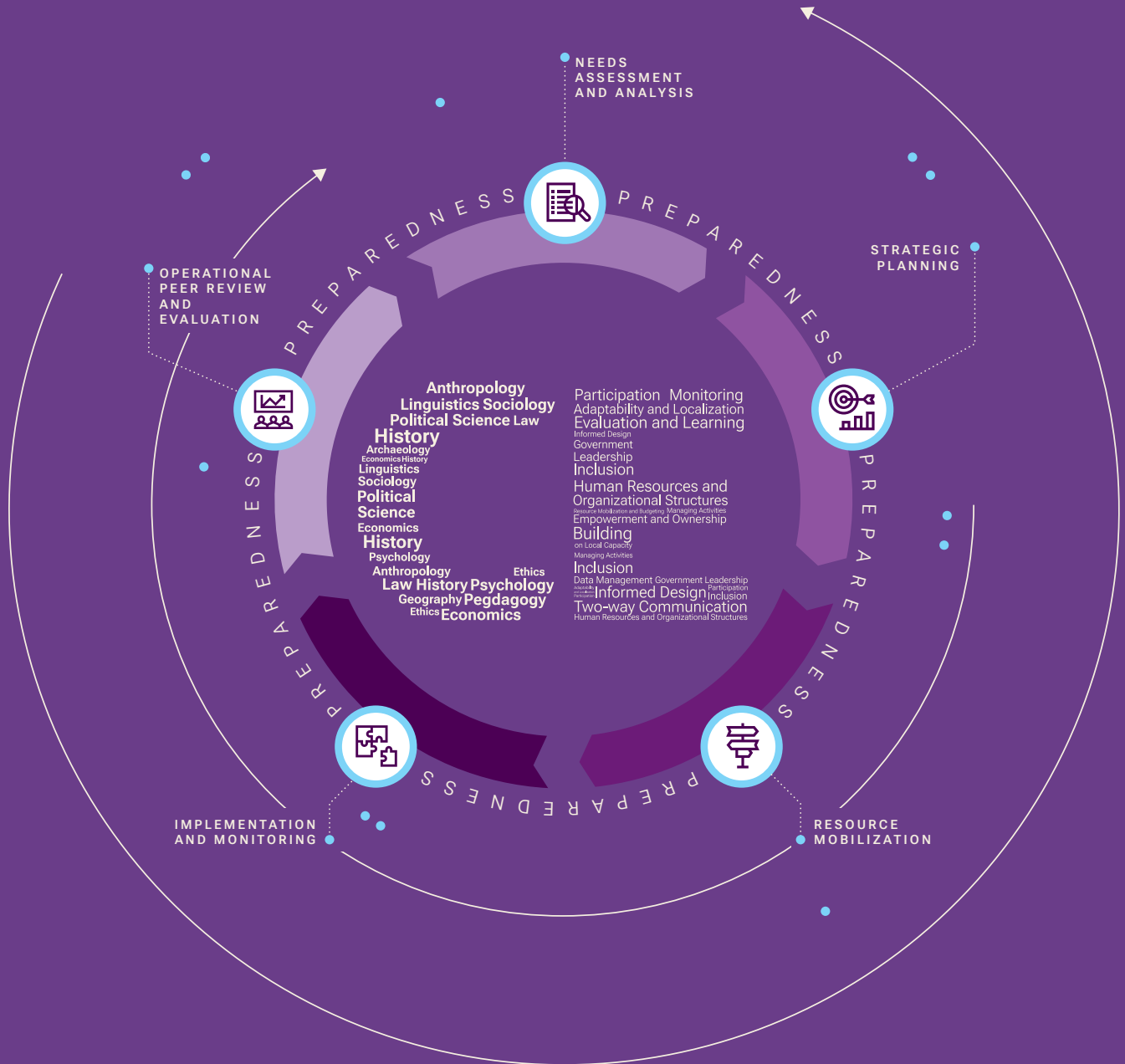# SOCIAL SCIENCES FOR COMMUNITY ENGAGEMENT IN HUMANITARIAN ACTION
COMPENDIUM OF CASE STUDIES ON THE USE OF COMMUNITY ENGAGEMENT TO INFORM DECISION-MAKING

NEEDS ASSESSMENT AND ANALYSIS

OPERATIONAL PEER REVIEW AND EVALUATION

STRATEGIC PLANNING

PREPAREDNESS

IMPLEMENTATION AND MONITORING

RESOURCE MOBILIZATION

Anthropology Linguistics Sociology Political Science Law History Archaeology Economics History Linguistics Sociology Political Science Economics History Psychology Anthropology Ethics Law History Psychology Geography Pegdagogy Ethics Economics

Participation Monitoring Adaptability and Localization Evaluation and Learning Informed Design Government Leadership Inclusion Human Resources and Organizational Structures Resource Mobilization and Budgeting Managing Activities Empowerment and Ownership Building on Local Capacity Managing Activities Inclusion Data Management Government Leadership Adaptability and Localization Participation Informed Design Inclusion Two-way Communication Human Resources and Organizational Structures

iMMAP
Better Data
Better Decisions
Better Outcomes

SS CE
Connecting Community Engagement with Social Science in Humanitarian Contexts

Social Sciences for Community
Engagement in Humanitarian Action
**Compendium of Case Studies on
the Use of Community Engagement
to Inform Decision Making**

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Foreword
Looking Ahead:
Bridging theory
and practice

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Social Science for Community Engagement in Humanitarian Action Project (SS4CE in HA) is an initiative launched at the end of 2020, funded by the Bureau of Humanitarian Affairs, USAID. The main objectives focus on co-creation of global goods, designed as a collaborative approach that connects with global humanitarian and public health system-wide existing mechanisms that harness active participation of humanitarian organizations, academic institutions and donors. The processes undertaken for the development of global goods are also further framed in the 'decolonization of aid agenda' and provide clear recommendations for the implementation of actions that drive people-centred and community-led humanitarian and development programs. As envisioned, the project has made substantive progress towards systematically aligning social science informed community engagement actions to humanitarian architecture, tailored to different elements and enablers of the humanitarian program cycle (HPC).

Leveraging on the initial, exclusive public health emergency (PHE) focusat the time, due to the COVID-19 response, the SS4CE project developed a multi-pronged, governance structure that could facilitate the linkages and inform all humanitarian crises (e.g., natural hazards, conflicts and PHEs). This governance structure provided technical oversight to the development of SS4CE global goods, as well as positioning the processes and outputs of the project with key humanitarian stakeholders including the Inter-Agency Standing Committee (IASC), Core Humanitarian Standard (CHS), Clusters and committees, for the uptake and mainstreaming within the ongoing and relevant humanitarian program processes.

The **Compendium of Case Studies on the Use of community engagement to Inform Decision Making** is an output of the Technical Working Group-3 (TWG-3). The framework was prepared by TWG3 with the support of a team of consultants at iMMAP, an international organization that turns data into information and creates knowledge for decision makers operating in development contexts, situations of violence, post-disaster and conflict recovery.

The purpose of this piece is to showcase relevant and diverse experiences of international organizations across global contexts, with special emphasis on their approach to CE throughout their intervention, challenges integrating CE data in each element of the HPC, and the outcomes of these efforts. The results illustrate the current state of CE data integration and may suggest some areas for continued effort and collaboration.

Community engagement, informed by social sciences, addresses participation issues and the immediate needs of the affected communities but also strengthens community systems where marginalised groups become equal partners in finding solutions, having wider knowledge and understanding of social science disciplines' conceptual frameworks (e.g., historical, political, sociological, economical) and providing pathways to deal with systemic fallacies and challenges (i.e., social justice, gender equity, decolonization and localization).

We hope that this Compendium of Case Studies will contribute to evolving and identifying actions to reform community engagement processes, especially leveraging the spectrum of social sciences in challenging humanitarian contexts. This will be of utmost importance to respond effectively in current and future crises.

UNICEF, Vincent Petit

Key deliverables for the project are:
- Landscape report
- Ethics and Data Sharing Mapping Review
- Codes of Conduct Mapping Review
- Mapping of Capacity Development for the application of SS4CE in HA in Conflicts and Hazards
- Common Monitoring and Evaluation Framework for Community Engagement
- **Compendium of Case Studies on the Use of community engagement to Inform Decision Making**

- Desk Review of Community Engagement Iindicators Across Humanitarian Response Plans (2022) and Documentation on Community Engagement
- Vision Paper on Community Engagement for Accountability to Affected Populations and Social and Behavior Change.
- Common Principles and Code of Conduct for the Application of SS4CE in HA

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List of Abbreviations

AAP	Accountability to affected populations
CE	Community Engagement
DRRM	Disaster Reduction and Risk Management
HA	Humanitarian Action
HNO	Humanitarian Needs Overview
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan
ICCG	Inter Cluster Coordination Group
IFRC	International Federation of Red Cross and Red Crescent Societies
OCHA	UN Office for the Coordination of Humanitarian Affairs
PHE	Public Health in Emergencies
RAP	Rapid Appraisal Procedure
RRP	Rapid Response Mechanism
RCCE	Risk Communication and Community Engagement
SBC	Social and Behavioral Change
SS4CE in HA	Social Sciences for Community Engagement in Humanitarian Action
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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Introduction

The present report is a compendium of case studies on programming for CE, and the use of resulting data to inform decision making, as part of the humanitarian architecture, including the Humanitarian Program Cycle (HPC), Humanitarian Response Plans (HRP), and Humanitarian Needs Overviews (HNO). It is an output of the project 'Social Science for CE in Humanitarian Action (SS4CE in HA)', which was convened by Social and Behaviour Change Section, UNICEF with support of the Bureau for Humanitarian Assistance, United States Agency for International Development (USAID). The overall goal of the project is to develop global goods to strengthen global and regional demand and capacity for social science integration into humanitarian programming.

This compendium covers experiences of six organizations, including UNICEF in Syria, the World Health Organization Regional Office for Africa (WHO AFRO), the International Federation of Red Cross and Red Crescent Societies (IFRC) in South Sudan, Impact

Initiatives - REACH (also in South Sudan), Ground Truth Solutions (GTS) in the Central African Republic and iMMAP in Afghanistan and reflects on their learnings for high quality CE programming in humanitarian contexts.

Its purpose is to showcase relevant and diverse experiences of international organizations across global contexts, with special emphasis on their approach to CE throughout their intervention, challenges integrating CE data in each element of the HPC, and the outcomes of these efforts. The results illustrate the current state of CE data integration and may suggest some areas for continued effort and collaboration.

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Methodology

Case studies were part of the mapping exercise of CE data systems in HRP countries.[2] The methodology for the compendium of case studies on the use of CE data for HRP and HNOs involved several steps. First, the case study template was finalized with the input from SS4CE Technical Working Group 3 (TWG-3) Secretariat. The validated template was then adapted as an interview guide and survey on KoboToolbox, to enable the collection of information.

Next, as part of the CE mapping survey, partners were selected who expressed interest in developing case studies on the experiences of their organization with CE data integration into the HPC. Interviews and surveys were conducted with these partners and documentation from their organizations, both publicly available and provided by the interviewees, was reviewed.

The inputs were then analyzed and presented in accordance with the template, as appropriate. The case studies assessed CE data use in relation to the CE Minimum Standards, including participation, empowerment and ownership, inclusion, two-way communication, adaptability, localization and building local capacity. In some cases, items from the template were omitted or presented differently, depending on the experience of each organization and the information collected.

These case studies relied on qualitative information, across different global contexts, especially in Sub-Saharan Africa, the Middle East, and Central Asia. They were enriched and validated through testimonies of partner organizations also involved in the HRP and HNO processes. Any necessary clarifications or elaborations were obtained by reaching out to the respective humanitarian partner organizations. Finally, drafts were validated with focal points and the final version was coordinated for sign-off.

The case studies presented suggest that the organizations under discussion are increasingly approaching CE as a crucial part of effective humanitarian programmes. They have recognized the importance of understanding the needs and priorities of affected communities, involving them in data collection processes and key stages of their interventions, building trust with them, and taking

them into account in the decision- making process. They also recognize that CE can be challenging to implement in practice.

Moreover, there is uneven and limited progress integrating the data resulting from CE in humanitarian decision making, especially at a strategic level, as expressed through the HPC, HRP, and HNO processes. In sum, these case studies illustrate some progress, but highlight a substantial amount of pending work to fulfill the goal of people centered and community led humanitarian action reaching the most disadvantaged children, adolescents, and communities. Likewise, the case studies shine light on some areas of CE, such as transparency, accountability and participation, but seldom encompass the six core standards of CE; participation, empowerment and ownership, inclusion, two-way communication, adaptability and localization, and building on local capacity.

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Key findings

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UNICEF uses a localized and tailored approach to CE in Syria, which helps to address the specific needs and challenges faced by communities in the country. The organization's approach includes increasing access to, and utilization of, services related to health, nutrition, education and child protection, focusing on addressing issues such as access to electricity and water, poverty and lack of awareness about COVID-19 prevention and vaccination. The agency has been able to integrate CE data into programmatic areas such as health and nutrition, education, and water and sanitation, and mobilize resources for CE through data collection and advocacy.

IFRC's approach to CE in South Sudan includes building trust with local communities and involving them in the aid process in order to better understand their needs and tailor assistance accordingly. This approach is aimed at creating more sustainable and effective aid efforts.

WHO AFRO's approach to CE is guided by core principles such as being nationally led, community centered, participatory and accountable, aligning with the Community Engagement Minimum Standards (CEMS). The approach includes utilizing standards in monitoring, evaluation and learning, partner coordination and data management.

In South Sudan, **REACH** conducted a qualitative assessment on community perceptions of assistance, protection concerns, and conflict sensitivity alongside the Multi-Sector Needs Assessment (MSNA) which led to briefs that helped triangulate the quantitative data sources that informed the South Sudan Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) and led to practical recommendations on improving the humanitarian response that have been endorsed by the Community Engagement and Accountability Working Group.

GTS's approach to CE includes understanding the community's needs and priorities, building trust and utilizing data to drive decision-making. The main goal of this approach is to gather more accurate and actionable data, which in turn leads to better outcomes for everyone involved. In CAR, GTS has sought to involve community members in the data collection process and be transparent about the data's use, in order to understand the community's needs and priorities, build trust and utilize data to drive decision making. Overall, GTS emphasizes that by working closely with communities, they can gather more accurate and actionable data. Which, again, can lead to better outcomes for everyone involved.

iMMAP's approach to community engagement is to integrate data from multiple sources in order to better understand the needs and priorities of communities affected by crises. This includes data collected through surveys, focus groups and other forms of direct engagement with communities. The organization works closely with humanitarian organizations and other stakeholders to improve the quality and relevance of the data used to inform decision making, which leads to more targeted and effective humanitarian assistance. This approach highlights the importance of involving communities in the decision-making process and utilizing their perspectives and priorities in humanitarian response.

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Below are some of the main challenges faced by these organizations when conducting CE and integrating the resulting data in the HPC, HNO, and HRP:

A challenge faced by organizations is the cultural and linguistic barriers to effective communication and engagement with communities. This can make it difficult to effectively communicate with, and understand the needs of, communities. This can negatively impact the effectiveness of the humanitarian response. Additionally, there are concerns about data ethics and clearance processes for publishing data, which can further complicate the ability of organizations to use data to inform their work.

Partners have noted that there is often a higher prioritization of data to measure the severity of humanitarian needs across sectors, rather than data that speaks to what affected and at-risk people report to be their priority. This is often expressed as a general lack of priority or uneven treatment of CE across HRPs. Overall, these challenges can make it difficult for organizations to effectively engage with communities and use the resulting data to inform their work.

One of the main challenges faced by organizations when conducting CE is the limited resources allocated to it, as well as funding issues. This can make it difficult to access affected communities, particularly in security-sensitive contexts such as conflict, politicized or authoritarian contexts with limited humanitarian space.

Additionally, there is often limited data and capacity to manage and analyze it, making it challenging to combine data from different sources, ensure standardization in data collection and management methods among humanitarian organizations, and use it to inform decision making. This can make it difficult to integrate data into analysis and generate practical recommendations to improve the humanitarian response.

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Case Study:
Ground Truth
Solutions (GTS)

Central African
Republic (CAR)

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Context

Since launching its work in CAR in 2019, GTS has been integrating CE across its interventions. For example, they did a capacity-building project in 2021 with the Rapid Response Mechanism (RRM) to enhance community perceptions in data collection processes. The humanitarian situation has deteriorated in the Central African Republic (CAR) since mid-December 2020, leading over 180 organizations to assist 1.7 million people in 2020.[3] The country's 2022 Humanitarian Response Plan (HRP) uses 11 indicators related to CE, mainly for Accountability to Affected Populations (AAP), followed by Coordination.

Approach

Since its founding in 2012, GTS has sought to shift the supply-side approach of the humanitarian system to recognise the agency of affected people and take its cue directly from them.[4] They have also focused on response-wide performance and providing high quality quantitative data and qualitative inquiry as a multiplier of accountability.[5]

First steps
In CAR, GTS has asked thousands of people about their views on their relationship with aid providers, the quality of assistance provided, resilience, information and communication, and protection. After each round of data collection, they then ask community members for recommendations on what humanitarian actors could do to address the issues they raised.[6]

For example, the March-August 2021 survey revealed that people feel better informed about aid, but can't influence it, suggesting progress on information delivery but not two-way communication or overall engagement. Likewise, most respondents were unaware of feedback mechanisms and said that aid doesn't go to those who need it most. While most respondents feel respected by humanitarians, one in six do not. These findings highlight avenues for more inclusive, impactful and sustainable aid in CAR.

Next steps
GTS then shares the data with key actors, such as the AAP and Cash working groups, and intercluster partners, for them to use when elaborating the relevant sections and track the indicators (2019-2021). So far, the relevant sections have been AAP sections in HNO and HRP, monitoring framework and cash strategy.

Actors involved
To advance these initiatives, GTS collaborates mainly with OCHA to coordinate with the Cash and AAP WG, and Inter-Cluster Coordination Group (ICCG), as well as with UNICEF to coordinate on AAP. For example, GTS worked with OCHA and the Humanitarian Fund to develop minimum requirements for community engagement and AAP, including things that should be removed or replaced.

Challenges

Swelling needs and access constraints in CAR create tough conditions for humanitarians, making it more important than ever to ensure their work is informed by community priorities and perspectives.[7]

Different elements of the HPC
GTS was created based on the assumption that humanitarian actors are often unaccountable, primarily because they did not have data on how people feel about the humanitarian assistance they receive. Its approach is based on the Constituent Voice methodology, which entailed doing short surveys multiple times a year and tracking changes, based on a consumer satisfaction-based approach that was revolutionary in the humanitarian sector at the time.

Over the past few years, GTS has realized that in many contexts they continue seeing similar trends without much change overtime, which suggests that the problem is centered on data use more than data access.

We do think it's important to continue collecting this data, but we also need to focus more, as a sector, on how to make that data more useful, developing recommendations, and looking for pressure points in terms of advocacy and decision-making.[8]

Needs Assessment and HNO
Generally, GTS disagrees with the concept of long, complex and time- intensive quantitative surveys, which may not be the most efficient way to assess community needs, pushing rather for a more qualitative approach that gives more decision-making power to the community. They do not directly conduct needs assessments for the Humanitarian Needs Overview (HNO) in CAR,

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but support the inclusion of people's opinions on humanitarian aid within the exercise and help with triangulation when possible. For example, in 2022 GTS supported REACH with a review and guidance on the perception questions in their survey tool.

> *GTS does not aim to get data on people's priority needs in its surveys, as they are not Needs Assessments, but asks if those needs are covered. We do ask about modality in most surveys and delivery mechanism preferences, specifically when we speak to cash recipients. In these cases, we find it challenging to know if there is a bias for people to prefer the mechanism they currently receive.[9]*

Monitoring and Implementation

While GTS has been collecting data to track the HRP perception indicators as a tool to monitor the response from a community perspective, it has been difficult to translate it into significant change or improvements. This is linked to the difficulty to hold individual organizations and Clusters accountable at the collective level, which may demand a more proactive follow-up from the HCT level.

Evaluation and Operations Peer Review

Translating response-wide data into the different levels of the response strategy remains a challenge, especially at the cluster and cluster partner level. Although GTS shares its data widely, asking partners to use it when they work on the response planning for their cluster, they don't know whether the response-wide data or the format in which it was shared was useful, and whether or how it was used. Finally, GTS faces the challenge of formulating recommendations and accompanying measures for action by humanitarian actors based on recommendations from communities, and liaising with the responsible parties, to follow through on these recommendations.

Core Humanitarian Standard on Quality and Accountability (CHS) and Community Engagement Minimum Standards (CEMS)

The Core Humanitarian Standard on Quality and Accountability (CHS) is not the guide for GTS survey categories or questions but was an early and ongoing reference. "I've found out that in some countries, like Chad, we directly reference the CHS commitment related to many individual questions and sometimes use the CHS to structure communications on our results. But this may not be the case across contexts."[10]

While the CAR programme is not explicitly applying the Community Engagement Minimum Standards, its actions reflect the core standards of participation and two-way communication, standards supporting resource mobilization and standards supporting coordination and integration.

> *We think accountability is a direct path to quality. We want to understand what the population thinks about the quality of the intervention. Our goal is to really understand the community's perception of the aid received and its impact on their lives.*

Definition of Community Engagement for GTS CAR

This includes qualitative or quantitative data collected directly from people who receive humanitarian assistance.

> *We see community engagement data as any data where the population is consulted on their perceptions, opinions, views, and especially if it has the goal to improve humanitarian aid.*

Outcomes

One of GTS' main outcomes has been the integration of the perception indicators into the HRP. People's views have been used by the humanitarian community in CAR to monitor the HRP since 2020. Eight indicators under the three Strategic Objectives of the 2022 HRP were identified by the Inter-Cluster Coordination and Assessment Working Groups, allowing actors to compare perceptions against the targets set for that year.[11] These are increasingly seen as necessary, and partners are interested in having them measured and examined. For example, the OCHA office in Geneva expressed interest in the HRP indicators in CAR, and in their continued measurement.

Based on its trajectory collecting community data and collaborating with partners to act on it, GTS contributed to two workshops related to the 2023 HRP, with the Cash Working Group and AAP Working Group. For example, GTS' contribution to the discussion about what didn't work in 2022 (in terms of AAP) was to point out the non-adaptation of feedback mechanisms to communities, the suggestion boxes, the high

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rate of unanswered complaints, the low awareness of feedback mechanisms, the low rate of implementing partners who know about the collective mechanisms in their areas and the lack of systematic Cluster representation in the AAP WG that can hinder their role as an advisory group to the ICCG, in terms of AAP.
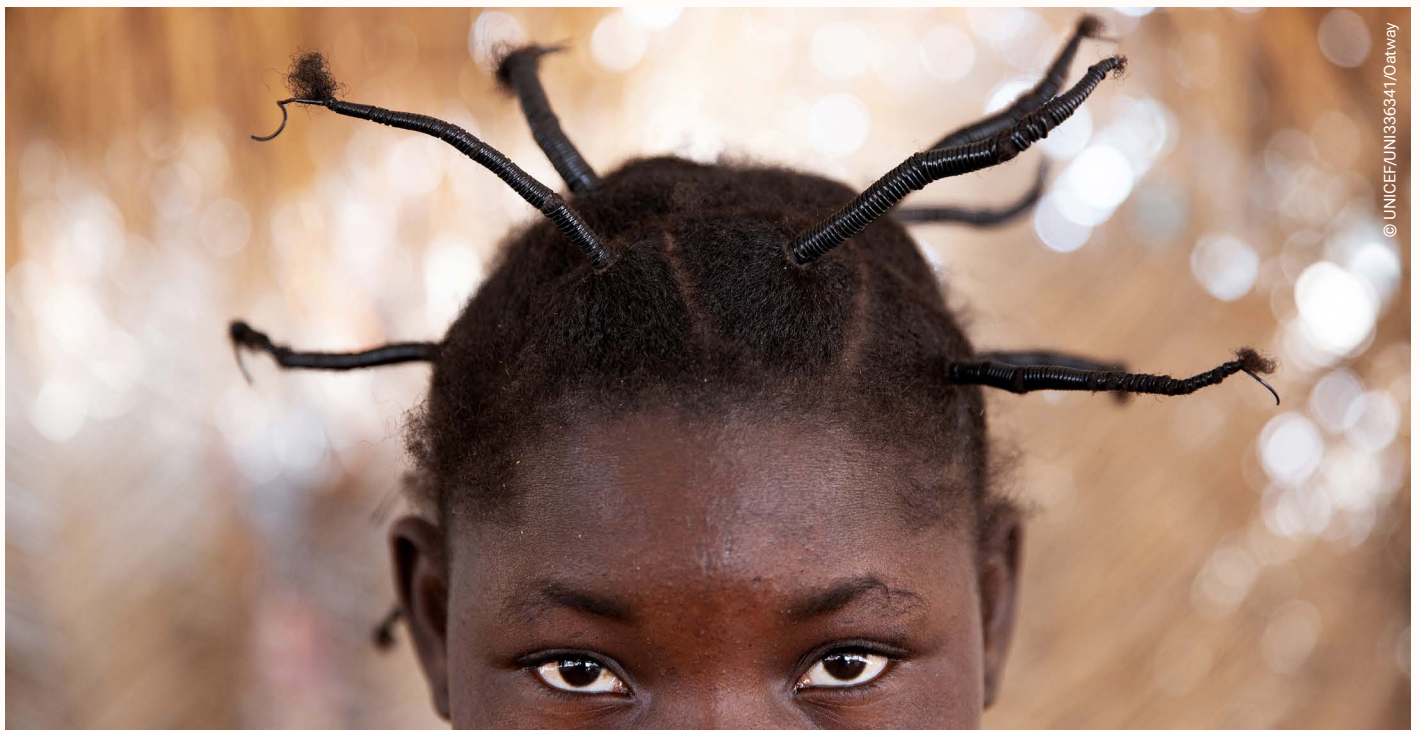
Regarding what needs to be prioritized, GTS suggested that there needs to be an adaptation and contextualization of feedback mechanisms, that Cluster focal points should be nominated to participate in the AAP WG and that there is greater awareness of mechanisms for raising feedback and how they function among communities and partners. GTS also recommended adapting the response to the needs of the population, and that community preferences should be collected more systematically before any intervention.

In 2022, GTS expanded its work with the Health and Food Security clusters and is continuing its work with the RRM, to help them adapt and refine their tools to be more operational after deployment. One of the outcomes of this was the integration of perception questions, combined into partners' data collection tools, particularly for the RRM. "Since the FSL and Health cluster projects have only recently finished, questions are not yet integrated but have been recommended. It is now up to the clusters to support partners in taking ownership of these questions and data by integrating them into their own tools."[12]

Data ethics

Although GTS commonly collaborates with data collection partners, in 2022 they managed data collection in CAR directly. GTS relies on a rigorous data collection process, including high frequency daily checks, feedback and close collaboration with enumerators to increase quality. For example, they look at individual enumerators' data daily to identify and correct potential bias and collect GPS points (with consent) to avoid clusters of respondents.

GTS anonymizes all its community data, making its collection relatively low risk in terms of data protection. Moreover, they recently developed a reinforced data protection protocol involving encryptions and limited access on individuals and computers. They switched to using Survey CTO as a data collection tool for quantitative data rather than Kobo, because of the encryption capabilities and higher data protection. In addition, the GTS country team recognizes that in some cases, deciding not to collect certain data can also be an appropriate data protection strategy. In fact, one of GTS' tenets is only collecting data that can be used, whilst, above all, following a 'do no harm' approach.

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Potential for scaling up and mainstreaming

GTS has been pressing for greater consideration of community views throughout the HRP process.

Everyone should be collecting their own feedback and act on it as a standard practice. The feedback could be used on a collective level, but this is only useful if there is a meaningful discussion on that feedback and willingness to act on it, by identifying clear action points that are followed-up upon.

Some agencies are very engaged in the AAP Working Group, but it seems to function in a kind of silo because there is limited relationship between its efforts and those of clusters. This is something GTS and OCHA have been working on in CAR; to increase these connections.

One of the priorities for the AAP Working Group is to identify focal points from each cluster that are representatives at the AAP Working Group, that are then responsible for making this link and taking those messages from the AAP Working Group back to the clusters to make it a bit more integrated.

The way that the cluster system works focuses on standardizing and harmonizing approaches. The technical aspects are very important, unfortunately over time the technicity of humanitarian interventions has come to take precedence over understanding what the population really thinks and wants.

Issues to consider
- Statistical flaws of indicators resulting from differing methodology of data collection across sources.
- Conducting a 'tick the box' exercise, which may focus on collecting feedback or taking measurements, at the expense of bringing about actual change.
- Assigning clear roles, responsibilities and procedures, and having the buy-in of everyone involved.
- There might be a need for building capacity or providing additional resources for partners to be able to do meaningful CE, such as for qualitative research and analysis.

It's always very important for us to include a phase where we communicate findings back to the community, closing the loop. But over time we have discovered that, while communicating back findings is useful, it is not always well received, unless accompanied by concrete actions that will be taken to address these findings. In Chad, for example, when we went back with the results of the survey, the general reaction was, 'we know what we told you, we want to know what you are going to do about it.' In CAR as well, we have frequently heard 'there are so many surveys, but we don't see any action.' In Haiti we were able to learn from this and workshopped recommendations with humanitarian actors before taking our findings back to the community, which were well received.

Improved coordination
CE may be scaled up and mainstreamed by ensuring that AAP working groups are functioning and become more useful, for example, by having a representative of every cluster as a member with clear roles, responsibilities and accountability. Moreover, by being responsible for regularly discussing feedback and formulating recommendations to the ICCG (operational level) and HCT (strategic level), thus ensuring 'course correction' on a regular basis.

According to Nick Van Praag and Meg Sattler, although there is a plethora of initiatives to enhance accountability, "what's required is a practical approach to humanitarian action that listens to the perspective of affected people, and then lifts barriers and takes advantage of opportunities so that humanitarian programmes become more relevant to those they are supposed to serve."[13]

Despite the prominent role of GTS pushing for a more client-centric approach to humanitarian action, Van Praag sees a problem with collective action that has slowed progress towards community engagement and accountability. In his view, this calls for measures like independent verifications and tracking success from the perspective of affected populations.[14]

Case Study:
International Federation of Red Cross and Red Crescent Societies (IFRC)

South Sudan

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Context

As a worldwide humanitarian aid organization reaching 160 million people annually through its 192-member National Societies, the International Federation of Red Cross and Red Crescent Societies (IFRC) has displayed commitment to community engagement and accountability throughout its work. This entails:

- Taking the time to understand a community's context and listen to people's needs, thoughts and feelings.
- Integrating meaningful community participation in its projects, handing over control of its programmes and operations to communities as much as possible.
- Open and honest communication about who they are and what they are doing, ensuring people feel confident and comfortable interacting with their members and services.
- Setting up trusted feedback mechanisms so they can continually improve their work based on what communities actually want, not what the organization thinks they want.[15]

We have been collecting feedback with community volunteers in South Sudan, not with a technologically advanced approach, but instead relying on traditional methods such as house-to-house interviews, word of mouth and feedback boxes. During the COVID-19 pandemic we got feedback about the resistance among community members to vaccination, and the importance of influencers to change behaviours. Based on this, IFRC changed its approach to collaborate with community leaders so they could help, doing social mobilization and building trust in their communities. We also gathered a lot of feedback on power dynamics, and on how women would often need permission from their husbands to get vaccinated and their own spaces to respond to this COVID-19 messaging.[16]

CE in South Sudan is very new, but IFRC has taken steps, such as strategy sessions, towards institutionalizing CE strategies at the national society level. They are still working on launching that strategy to strengthen their feedback mechanisms, moving away from suggestion boxes or developing a clear database, because the challenge is that feedback is just written down somewhere, stored, and not shared.

Approach

Different elements of the HPC

To develop its CEA Africa Strategy, IFRC drew from its experiences and perspectives, employed a mixed-methods approach with a focus on four countries: Sudan, Malawi, Burundi, and Nigeria, and a project monitoring, evaluation and reporting (PMER)/community engagement and accountability network meeting, which gathered information from staff of African National Societies, partner National Societies, IFRC, International Committee of the Red Cross (ICRC), and Red Cross volunteers and communities.

Discussions highlighted the existing approaches for strengthening CEA, what has been done in the past, and why it has, or has not, worked in order to avoid repeating previous mistakes and build upon best practices. An in-depth analysis of the data collected exposed the structural changes required to better institutionalize CEA practices. Finally, an institutional systems map was developed and used as the basis for recommended strategic changes and actions for the Movement to strengthen its accountability to people in Africa.[17]

However, this community data collection initiative has not played a prominent role in the HRP process in South Sudan but has informed programming by the Red Cross National Society in the country.

For example, following this initiative, other activities related to COVID-19 included budget lines for training of community leaders to build trust and transfer messages to the community.

In South Sudan, IFRC seeks to integrate the existing tools being used by the national society and IFRC globally, such as the CEA Toolkit and Guide.[18,19] IFRC has integrated CE questions into the monitoring guide,

and has some CE indicators as part of a checklist to assess how well CE is being implemented. These are not specific to South Sudan but apply globally, as part of uniform approaches and guidelines that are applied to an African strategy.[20]

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Needs Assessment and HNO

IFRC conducted a rapid needs assessment, including information needs for the community; that informed the CE approach used. For COVID-19, IFRC used a community perception survey to inform programming.

Monitoring and Implementation

As part of the Risk Communication and Community Engagement (RCCE) Working Group, IFRC works closely with the South Sudanese government to develop the RCCE strategy. They also collaborate with UNICEF on RC collective service and conduct extensive social science training.

IFRC used the CE data to develop the Africa CDC Saving Lives project, playing the role of lead on the CE pillar. The campaign enabled "the purchase of COVID-19 vaccines for at least 65 million people and support the delivery to millions more across the continent",[21] with an implementation campaign focused on RCCE, as well as vaccine capacity, logistics and vaccine surveillance to reach COVID-19 vaccination targets.[22]

Finally, the messaging was informed by a lot of CE, such as feedback from communities on the information they need. IFRC also reviewed the approach based on whom the communities' trust. For example, they were able to change, from just relying on volunteers, to doing joint work with them and trusted community members and prioritizing the most trusted channels, such as radio.

Evaluation and Operations Peer Review

IFRC has a general COVID-19 appeal, so the evaluation will be done when that concludes in 2023. The mid-term evaluation relied on a random sample, but that did not apply specifically to South Sudan. Their final evaluation will set questions like satisfaction levels on the response to assess the effectiveness of the CE approaches and examine the next steps for sustainability.

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Challenge

One of the challenges IFRC faces in South Sudan is capacity, because members of the national society have a system to gather, organize and share community perceptions and feedback. The federation has been helping the national society understand the importance of CE and sharing it, as well as using it to inform their humanitarian response.

Also, some mechanisms are not as effective as IFRC expected. For example, feedback boxes and paper-based tools have been limited, partly because some affected populations don't have proximity to these tools. So IFRC is moving towards Kobo surveys, directly in the community, and moving beyond individual tools to gather other data sources.

IFRC is also strengthening the advocacy of the national society team on the ground so they can use the data they collect from communities to lead to action and make needed changes.

Core Humanitarian Standard on Quality and Accountability (CHS) and Community Engagement Minimum Standards (CEMS)

The IFRC CE Guide is linked to the CHS, so you will find that some of the pillars are common, which are broken down across the program cycle. We rely on pillars, such as participation, transparency, communication, social behaviour change, institutionalization, communication and advocacy. But then we take that, and work based on our own code. To develop the CEA Africa Strategy, we also involved a lot of stakeholders, including UNICEF, which were brought into the discussion to provide inputs and feedback. We are working closely with UNICEF and other partners to review the alignment of our work with the CEMS, because even if the names are different, the criteria are very similar.

The standards identified in the case of IFRC are found in building on local capacity, when collecting information about the resources and capacities of communities. For the rest, they are linked to the two-way communication standards, and the participation of communities in operational policies.

Regarding implementation, standards such as monitoring and evaluation are highlighted. The other standards mentioned are those of partner coordination and the integration of communities to different plans.

Definition of Community Engagement for IFRC

"Community engagement and accountability (CEA) is a way of working that recognizes and values community members as equal partners. It makes sure their opinions are heard and used to design and guide our work." [23] This is essential to help IFRC build the acceptance and trust needed to conduct its work.

Outcome

IFRC employs the CE data it gathers to help inform new projects. Thus, if community needs are different from what was projected for the response, the CE data helps iterate the response and other efforts. This is where advocacy comes in, and IFRC discusses findings with its country partners, such as national societies.

This is supported by a plenty of documents, like the Annex of the movement-wide commitments for CEA, which posits some commitments and minimum actions, with the "aim to harmonize and align existing practices in the International Red Cross and Red Crescent Movement and ensure that there is a consistent approach to how we engage with and are accountable to vulnerable and crisis-affected people and communities, while recognizing and respecting the specific mandates, roles, responsibilities and capacities of National Societies, the IFRC and the ICRC."[24]

More important is the toolkit of CE, which "contains tools that can help National Red Cross and Red Crescent Societies – as well as other organizations – to assess, design, implement, monitor and evaluate CE and accountability activities in support of programmes and operations. The toolkit should be used in conjunction with our Guide to CE and Accountability."[25]

Data Ethics

IFRC has a Data Protection Policy at the global level, as well as a Code of Conduct that all volunteers and consultants of the Red Cross Movement have to sign in terms of how they approach communities and handle the data. Having those policies and tools in place enables them to have community data properly protected.

Potential for scaling up and mainstreaming

Coordination between organizations doing CE is key. This can be advanced by putting resources together in a central database, building capacity and unifying tools and approaches. IFCR has a collective service at regional level and regular coordination meetings that have been very helpful for these aims. This is also aided by having a website used by all team-members involved, which helps organize collective CE efforts.

We are looking at capacity-building of CE staff and volunteers so they may be aware of the importance of social science data to inform the response. We would like to see greater use of this data, especially for the East Africa region, where it is at the beginning stages. If we can have more organizations with capacity and prioritization of this to inform responses, it would really help.[26]

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Case Study:
iMMAP

Afghanistan and other contexts

Context

As an international not-for-profit organization, iMMAP specializes in the provision of information management (IM) services to humanitarian and development organizations, enabling them to make informed decisions that ultimately provide high quality targeted assistance to the world's most vulnerable populations.[27]

In Afghanistan and other countries, iMMAP provides IM support to different sectors, through Information Management Officers (IMOs) on ad hoc groups and monthly requests and preparing 5Ws and other outputs using the data that partners enter in ReportHub.[28,29]

The primary beneficiaries are the sectors and sector partners, whom the organization trains on ReportHub, GIS, data visualization, analysis, and other IM aspects. To fill partner information gaps and inform their decision making, iMMAP also innovates on remote data collection through digital methods in collaboration with various technology providers.

As an organization supporting other humanitarian organizations (H2H), iMMAP's involvement in CE is different from that of partners conducting direct services provision.

We don't go to the communities because we don't provide services like food distribution but engage more with partners to understand their interests.[30]

Nevertheless, iMMAP often plays a pivotal role in managing and aiding the integration of CE data in the HPC, especially at the Cluster or Cluster member level.

Large-scale needs assessments such as the MSNA may be useful for CE across geographical areas, as a central part of the HPC process. iMMAP and other organizations in Afghanistan are also examining ways to gather community feedback. For example, iMMAP Afghanistan has an ongoing survey on food assistance to assess whether communities see an impact. "This enables communities themselves to evaluate the services that partners are providing to them."[31]

Another case of study is the work in northwestern Syria, through the implementation of a labor market assessment based on mixed-method interviews of 79 employers and 99 workers throughout November 2019, centered on women and people with disabilities. The assessment uncovered the inadequacy of vocational and business skills training as the primary skill-acquiring barrier for women and people with disabilities.[32]

Approach

iMMAP is at the centre of coordination with IM. The organization developed ReportHub, which is widely used to support real-time humanitarian decision making. Other sectors, like GBV, health, and nutrition, are using other platforms because they're very sensitive. iMMAP helps the food security sector to analyze the IPC, as a core component of food security programming. Nothing happens in this sector without relying on iMMAP's support. We're looking at drought, flooding, etc.[33]

iMMAP developed a platform containing disaster response data called Afghanistan Spatial Data Center (ASDC).[34] This was running effectively until the government change and is now on hold. This dashboard enabled the prediction of disaster-prone areas to prompt preparedness and response interventions.

Challenge

Accessing CE and AAP information can be difficult as it can be hard to find, dispersed across sources, incomplete or not worth the effort. For this reason, a guide is needed that includes instructions on how to work with communities and implement AAP, as well as a systematic approach to communication and coordination with all organizations and partners.[35,36]

Effective communication and integration with communities is crucial. This requires a change in the way indicators are measured, focusing on those that truly impact people's lives instead of just counting meetings. The input and knowledge of communities should be valued, and they should be involved in decision-making processes. The use of technology, such as crowdsourcing, can also help to directly gather information from communities.[37]

Obtaining and integrating information in the Humanitarian Program Cycle (HPC) is a challenge, as is demonstrated by the experience of iMMAP Jordan. This lack of information makes it difficult to conduct a comparative analysis between different years.[38]

Effective humanitarian response requires flexibility and the ability to adapt to specific situations. However, in some cases, government restrictions may limit the ability to engage fully with communities and access necessary information. For example,

experiences in Uganda and Nigeria have shown that restrictions in certain areas can make it difficult to engage with communities and obtain relevant information.[39]

In some cases, government policies may prevent partnerships due to lack of recognition. As humanitarians, we must navigate these limitations and find ways to continue our programs while avoiding unnecessary risks. This may require working within our means and finding alternative approaches.[40]

For example, iMMAP has an arrangement with Premise so that iMMAP is not mentioned when engaging with communities for data collection, to protect our enumerators from being questioned about ongoing processes.[41]

Definition of Community Engagement for iMMAP

CE includes mechanisms for gathering feedback from communities to understand their perceptions of the services received from partners and whether their needs are being met. iMMAP plays a central role in coordinating IM and monitoring the progress of reaching beneficiaries monthly. Based on this information, sectors can adjust their programming to ensure that beneficiaries are receiving the necessary assistance. iMMAP is also actively involved in CE through the coordination of IM. By directly gathering information from the community, rather than solely relying on information provided by partners, iMMAP plays an important role in communication and coordination. For example, iMMAP works with partners such as Premise to directly gather feedback from beneficiaries by asking specific questions agreed upon with the sectors.[42] The collected information is analyzed and shared with sectors, allowing them to make informed decisions based on the analysis.[43]

Outcomes

In Afghanistan, iMMAP is at the center of IM and coordination using IM. It developed ReportHub, a platform designated by the Humanitarian Coordination Team (HCT) for processing humanitarian data. HCT primarily uses ReportHub, but other sectors may use different platforms.[44]

Humanitarian response plans (HRP) should be based on the interests and needs identified from communities. Without CE, the

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HRP is meaningless as partners would be implementing their own desires rather than addressing the needs of the community. To ensure that the Multi-Sector Needs Assessment (MSNA) considers the community's interests, we must involve them in the design process.[45]

The MSNA is one of the tools used to gather information for programming in Afghanistan, also known as the Whole of Afghanistan Assessment. Additionally, there are other tools such as Smart Survey that are used in conjunction with MSNA. While MSNA is one of the tools used for programming, it is not the only one.[46]

iMMAP provides Information Management (IM) products and services to key partners in humanitarian response and Disaster Risk Reduction (DRR) through its humanitarian information management for natural hazard emergency program. These partners include, but are not limited to, humanitarian clusters, UN agencies, USAID implementing partners and NGOs.[47]

Barriers

In certain areas of the country, it can be difficult to fully understand the needs of the communities due to security and movement challenges. These limitations can hinder the capturing of a complete picture of the suffering of all individuals in Afghanistan. This is further compounded by funding and resource constraints.[48]

Data Ethics

"We ensure that we obtain permission from the community before using any photographs taken during our publications. This is part of our adherence to CE standards and ethics. When collecting data, we stress the importance of confidentiality and obtaining consent from participants before they answer our survey."[49]

Potential for scaling up and mainstreaming

iMMAP's information helps the Food Security Cluster analyze the Integrated Phase Classification (IPC), which is a key component of food security programming in humanitarian response. It collaborates with Premise for community data collection and analysis.[50]

iMMAP provides IM products and services to key partners in humanitarian response and DRR through its humanitarian information management for natural hazard emergency program. These partners include, but are not limited to, humanitarian clusters, UN agencies, USAID implementing partners, and NGOs.[51]

iMMAP uses the MSNA and other tools such as Smart Survey, to gather information to support programming in Afghanistan. These are some of the tools used for programming, but they are not the only ones. The organization also analyzes the IPC for food security and supports various sectors such as the wash cluster, food security cluster, GBV, protection, child protection and nutrition.[52]

iMMAP works closely with partners, particularly in the sectors, to integrate community feedback into response efforts. We focus on indicators that are used, with an emphasis on gender and community disaggregation through severity and people in need. We use the Joint Analytical Framework (JIAF) methodology to holistically assess global severity and sector needs in our response efforts. This approach, which looks at needs holistically and not only at individual sectors, helps to integrate the feedback we receive from communities and adjust our aid delivery accordingly.[53]

Core Humanitarian Standard on Quality and Accountability (CHS) and Community Engagement Minimum Standards (CEMS)

iMMAP places an emphasis on CE standards, including partner coordination, which involves creating a series of data platforms to share with local NGOs that work directly with communities in the field. This includes sharing data with these partners in accordance with relevant government policy. Through this coordination, partners can share resources and information about humanitarian programs and activities that align with common goals.

Another standard that iMMAP applies in the countries where it operates is data management. This includes having an agreed-upon and coordinated data management plan with all stakeholders. Ongoing data analysis is used to inform decision-making that affects the community.[54]

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Case Study:
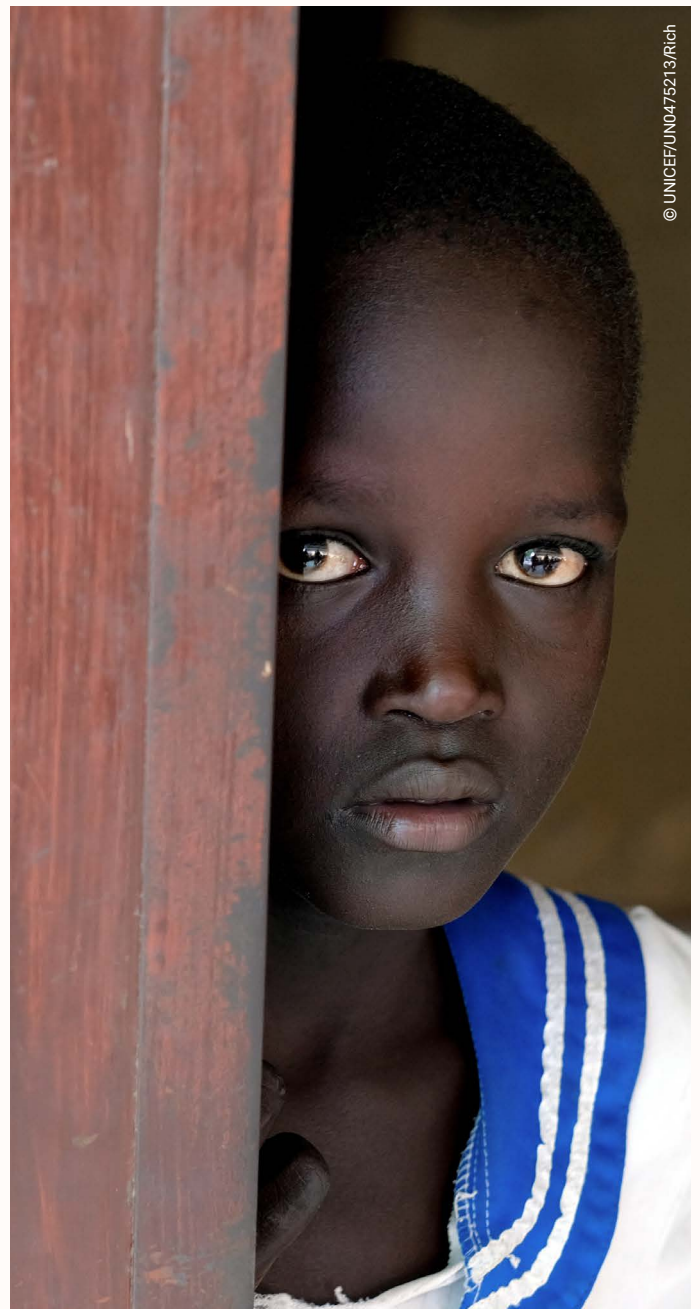## Impact initiatives — REACH

South Sudan

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Context

"IMPACT Initiatives is a leading Geneva-based think-and-do tank which aims to improve the impact of humanitarian, stabilization and development action through data, partnerships and capacity building programmes [...] REACH, a joint initiative of IMPACT, ACTED and UNOSAT", and is dedicated to facilitating "the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts."[55]

There was not a specific moment when CE became 'a focus' of REACH. Instead, improving their approach to CE has been a constant aspiration. REACH is not an implementing partner, so the CE interventions are limited to collecting data on community perceptions, preferences and priorities in our countries of operations.

In South Sudan, since 2021, a qualitative assessment on community perceptions of assistance, protection concerns, and conflict sensitivity runs alongside the Multi-Sector Needs Assessment (MSNA). It has led to briefs that help triangulate the heavily quantitative data sources that inform the South Sudan Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) and led to practical recommendations on improving the humanitarian response that have been endorsed by the Community Engagement and Accountability Working Group.[56]

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Approach

In consultation with humanitarian partners at field level,

Indicators for Accountability to Affected Populations (AAP) were included in all 18 assessments. Although the number and type of AAP indicators collected vary among MSNAs, this output reflects an attempt to present some AAP results from a selection of indicators that were collected in various operations.[57]

REACH has a limited role in the HNO and HRP processes but publishes the data and gives tailored presentations of findings to Cluster Coordinators to improve uptake. It is also present at the HNO and HRP analysis workshops to promote evidence-based analysis and decisions.

Challenge

Informing the HNO and HRP is not necessarily a major objective of most organizations. Most collect CE data to inform their own activities and, unless they are cluster leads, have very little engagement/ influence over the HNO development process, which is done by OCHA in coordination with the clusters, entities that are technically separate from individual NGOs or agencies. As a data collection/analysis organization, IMPACT works closely with coordination structures.

The main challenge is that there is much higher demand for data that helps to measure the severity of living conditions across sectors rather than data that speaks to what affected people themselves report to be their priority. The system assigns much more value to 'measuring' needs externally, through severity/outcome indicators, with less focus given to establishing priority needs based on what communities themselves report. It is rare that HRPs articulate their chosen priority interventions based on what people have reported that they needed from humanitarian actors. Nevertheless, HNOs and HRPs in some countries have a much more interesting and lengthy discussion of self- reported needs than others, and there is general improvement over the years.

Core Humanitarian Standard on Quality and Accountability (CHS) and Community Engagement Minimum Standards (CEMS)

REACH has had much more institutional awareness of the CHS than the CEMS until recently, but is in a process of familiarizing itself with CEMS and giving it greater relevance in its programming.

Without explicitly referencing CEMS, REACH often illustrates its standards related to data management, given its technical focus on this area. It also reflects monitoring, evaluation and learning standards by conducting needs assessments that include relevant indicators for CE. This ensures that partner coordination standards apply when having multiple networks with organizations and clusters. Finally, REACH works in relation to standards that support coordination and integration by leveraging links and networks with organizations and supporting the coordination of information management.

Definition of Community Engagement for Reach South Sudan

"Generally, we differentiate between data that is collected to calculate the sectoral or intersectoral severity of needs and data on self-reported needs, preferences, and aspirations. Also we are looking to incorporate more participatory approaches to the research cycle."

Outcomes

"The outcome has generally been positive in the sense that our data on communities' self-reported needs, preferences and priorities is increasingly featured and relied on for the analysis as part of the HNO. However, we lack evidence to confirm whether this data ends up informing and contributing to the justification for interventions (from the point of view of affected people) in the HRP."

Another result in reports that have been carried out in a collaborative and coordinated way is the menu of AAP related questions for MSNAs, which refers "to potential questions for organisations to choose from and adapt to the context, situation,

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and phase of response they are operating within. The questions are designed for use in MSNAs for the collective response, but could also be adapted for sector level assessments at both inter-agency and agency levels."[58]

Barriers

Lack of transparency over whether data on community priorities, preferences, barriers and self-reported needs informs prioritization and planning

Enablers

Uptake from OCHA/Cluster Coordinators, dedicated analysts who can analyze, present and promote the data to be used in the HNO/HRP, deliberate organizational strategy aimed at informing the HPC process.

Data Ethics

IMPACT has an HQ research department that issues strict guidelines, including ethical considerations, which assessment teams are required to follow before, during and after data collection. All employees sign and abide by a code of conduct. IMPACT has a robust data protection policy.

Potential for scaling up and mainstreaming

"There is already a lot of data available, but organizations tend to treat it as proprietary. It would be positive to see more proactive sharing of CE data and findings to the broader humanitarian community."

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Case Study:
UNICEF

Syria

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Context

UNICEF has been providing humanitarian assistance to children and families in Syria, especially those affected by the conflict since 2011. UNICEF's CE is at the heart of humanitarian work. Its power can be particularly valuable when seeking to work with local knowledge, systems and structures, and integrate groups that are left out. It is fundamental to the human rights based approach, and to supporting results such as improving the quality and utilization of services, making decision making more accountable and transparent, increasing the diversity and representation of communities in policy and practice design, and empowering people and communities to have a voice in decisions that directly affect their lives.

In Syria, UNICEF's CE interventions include needs assessments to inform health, nutrition, education, child protection and water, sanitation and hygiene programmes to deliver life-saving services to reduce their vulnerabilities. CE interventions also include working with local authorities, NGOs and community networks to enable people to take active part in decision making process affecting their lives.

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Approach

In Syria, CE specifically in the context of risk communication has been implemented through an integrated CE project in one governorate, in partnership with government ministries and NGOs, promoting five key practices and behaviours along with small scale CE interventions in other governorates to promote COVID - 19 vaccination and cholera prevention with communities.[59]

UNICEF Syria conducted a mapping and assessment of CE platforms to design an integrated approach in community systems strengthening, with a focus on achieving and sustaining high and equitable COVID-19 vaccination coverage, especially among underserved and marginalized groups. This mapping and assessment aims to help UNICEF strengthen CE and empowerment in areas such as health, nutrition, child protection, education and water/sanitation. The assessment identified the challenges communities face such as electricity, water shortages, poverty and the effectiveness of current CE structures in preventing COVID-19. The assessment found that many people do not follow COVID-19 preventive measures and seek vaccination.[60]

Based on that CE exercise, enhancing access to water and electricity to improve personal hygiene and increase COVID-19 precautions, combat poverty and provide food to improve immunity become critical for life saving priorities while utilizing community influencers and religious leaders to support vaccine promotion in worship places and schools, to facilitate community members' engagement and emphasizing life-saving preventive measures to reduce vulnerability in the communities. They also recommend free distribution of face masks and sanitizers in worship places.[61]

UNICEF Syria also implemented an Integrated CE Project in Deir ez Zor ICE3I. This initiative aims to create a comprehensive and integrated approach in partnership with government and local counterparts to promote positive practices in health (e.g., immunization, COVID-19), nutrition, education, WASH and child protection through community education, engagement, empowerment and encouragement activities. The initiative targets parents, caretakers and community members at the household and community level.[62]

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Challenges

Different elements of the HPC

Working in Syria poses many challenges and UNICEF, as well as other humanitarian organizations, are facing difficulties to access the affected communities due to security reasons, lack of funding and bureaucratic obstacles. Additionally, the fast-changing context of the conflict, the fragmentation of the territory and the displacement of the population make it difficult to conduct a comprehensive CE.

Conducting CE in Syria is challenging due to the country's centralized information management system and the culture of NGOs being based on charity rather than proactive engagement with communities. Limited data and a lack of capacity to collect, analyze and use the data is a significant issue. Additionally, CE is not a priority for most of the population and the humanitarian response plans, which are managed and facilitated by OCHA, do not reflect this at the strategy level. Other challenges include the lack of secondary schools and inability to send children to school, as well as many males being in military service.

HRP

UNICEF faces challenges in integrating CE data within the humanitarian program cycle in Syria, including limited data, capacity to analyze it and a lack of an enabling environment in which to apply it. Additionally, there are limitations in the word limit for including CE in response plans. To overcome these challenges, UNICEF integrates CE into programmatic areas such as health and nutrition, education, and water and sanitation, to ensure that communities have access to and can utilize available services. They also use a four E approach (education, engagement, encouragement and creating an enabling environment) to establish a community development model and use the data for planning purposes such as COVID-19 prevention and vaccination, which is integrated into national vaccine deployment plans, RC coordination plans and maintenance response plans.[63]

The HRPs in Syria have included information on COVID-19 risk practices, which have been reflected across all sectors. The inclusion of social and behavioral change (SBC) CE analysis in the HRP has been contributed by cluster leads, such as WHO, UNICEF, UNDP, and UNHCR. These organizations have mandates to contribute to specific areas of the HRP, such as community risk communication and engagement, SBC cross-sectoral strategies, social cohesion and access to services and information.

CE for SBC is more embedded under sectors and whichever sector or cluster, whichever organization is mandated to lead that they are the ones who are seen or felt responsible for providing that data or resource. HRPs usually prioritize supply and services over CE. CE interventions mostly contribute to the supply chain or services and supply component, such as hygiene, water and sanitation. The imbalance between the services and the demand side of that is also an issue that needs to be addressed.[64]

Resource Mobilization

CE is not a priority in HRP as it receives a small percentage of funds compared to services. This highlights the need for more advocacy and data to demonstrate the importance of investing in CE for long-term sustainability and to address dependency syndrome caused by the ongoing humanitarian crisis in Syria. It is critical for early recovery efforts in the country.[65]

UNICEF has incorporated CE data into their SBC investment paper for resource mobilization and received close a million USD, which was distributed with a partner NGO. They have also included CE in their proposals for other donors, but it is challenging to quantify the investment for this component. The agency has focused on strengthening CE for routine immunization, COVID-19 vaccination, and Infant and Young Child Feeding, and is currently looking to invest in CE for water, sanitation and hygiene to prevent cholera in Syria.[66]

Monitoring and Implementation

UNICEF has faced challenges in integrating CE data for the implementation and monitoring of life saving activities in Syria. They have used data to identify the most effective means of CE, such as advocacy with religious leaders, using community dialects and house-to-house, face-to-face interventions. This data has informed the implementation of an integrated project with a focus on creating public awareness and demand for services related to health, education and child protection. CE data has informed the development of a more systematic and strategic approach to achieving results, including the frequency, duration and location of interventions. Indicators are also being used to measure the effectiveness of these activities.

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Definition of CE for UNICEF Syria

"A foundational action for working with traditional, community, civil society, government and opinion groups and leaders; and expanding collective or group roles in addressing the issues that affect their lives. CE empowers social groups and social networks, builds upon local strengths and capacities, and improves local participation, ownership, adaptation and communication. Through CE principles and strategies, all stakeholders gain access to processes for assessing, analyzing, planning, leading, implementing, monitoring and evaluating actions, programmes and policies that will promote survival, development, protection and participation."[67]

Outcomes

The outcome of integrating CE data into the HPC is to create an equal approach to supply and demand, to enable communities affected by crises to make informed decisions about issues affecting their lives and to adopt life-saving practices, and to achieve equal distribution of humanitarian aid. Without this integration, the dependency of communities on aid would have been increased and the potential for breaking the dependency syndrome would have been reduced. Additionally, in Syria, donor conditionalities and sanctions play a critical role in the ability to implement CE in real life.[68]

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Data ethics

In accordance with the CE Minimum Standards (CEMS), UNICEF applies data ethics for its CE by establishing internal rules to address privacy and ethics issues, aligning them with national government policy on data collection. They also maintain capacity and mechanisms for sharing CE data when ethical and in compliance with government policy, in support of improving quality and harmonization. To ensure ethical and secure

data stewardship, UNICEF follows data management protocols including data management plans, data collection and transfer, data storage, data protection, ethical guidelines, confidentiality plans, clear assignment of data ownership and custodianship, and plans for analysis, storage and when necessary, destruction of data. They also adhere to national and international ethical guidelines, including protocols for anonymity and confidentiality when developing local CE indicators. Finally, it relies on the World

Association of Non-Governmental Organizations' Code of Ethics and Conduct for NGOs, 2004 as a guide.[69]

Potential for scaling up and mainstreaming community engagement in Syria

CE is at the heart of humanitarian nexus development. In Syria, CE may become critical for the early recovery phase. Issues to consider include, but are not limited to, investing in community systems and networks with civil society organizations and local governance structures to increase social accountability and resilience in health, education and child protection. Coordination and partnership for social transformation to be brought by CE initiatives may contribute to ensure synergy and consistency, mainstream CE principles and approaches into humanitarian assistance nexus development programmes and implementation of CE initiatives at scale.

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Case Study:
WHO regional office for Africa (AFRO)

Africa

Context

As one of WHO's six regional offices, the World Health Organization Regional Office for Africa (WHO AFRO) is responsible for providing leadership on health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends in the African Region.[70]

WHO AFRO has worked with communities to identify health problems and develop and implement solutions. CE is integrated in many of the WHO AFRO's programs and initiatives, such as:

Community Health Workers (CHW) program
WHO AFRO supports the development and implementation of CHW programs in several African countries. CHWs are trained community members who provide basic health services and health education to their communities.

Disease control, health promotion and education
WHO AFRO works with communities to design and implement health promotion and education programs that are tailored to the specific needs and culture of the community, and programs for the control and elimination of diseases such as malaria, tuberculosis and HIV/AIDS.

Community-based health insurance
WHO AFRO supports the development and implementation of community-based health insurance schemes in several African countries. These schemes provide access to health care for vulnerable populations.[71]

The Ebola outbreak in West Africa and in Democratic Republic of Congo
WHO AFRO used CE to identify the specific needs and concerns of affected communities. This information was used to develop and implement appropriate and effective interventions, such as community-based surveillance and contact tracing, and the establishment of community care centres.[72]

The response to the HIV epidemic in southern Africa
WHO AFRO worked with communities to identify barriers to accessing HIV testing and treatment services. CE data was used to develop targeted interventions, such as mobile testing and treatment services, and community-based peer education programs.

The response to the COVID-19 pandemic in Africa
WHO AFRO used CE to understand the specific needs and concerns of different communities. This data was used to develop targeted interventions, such as community-based testing and contact tracing, and health education campaigns that were tailored to the specific cultural and linguistic needs of different communities.[73]

The response to malnutrition in West Africa
WHO AFROused CE to identify the specific causes of malnutrition in different communities. CE data was used to develop targeted interventions, such as nutrition education programs and community-based management of acute malnutrition.

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Approach

In March 2017, WHO AFRO collaborated with the Health Promotion and Social Determinants of Health Unit (HPD) and the Service Delivery and Safety Department (SDS) at WHO HQ to conduct a technical workshop on communities and health systems. The workshop was aimed at developing "a definition of CE relevant to quality, integration and people-centred approaches; and a comprehensive framework and conceptual model that explicitly recognized multiple connect-points between communities and health systems". Partners agreed that community "engagement should be seen as a core business of health services and programmes" and should be routinely managed instead of an afterthought.[74]

Overall, WHO AFRO's CE strategy is based on the principle of "Health for All", which means that community members are actively involved in the planning, implementation, and evaluation of health programs and services. This approach is intended for interventions to be appropriate, evidence-based, and responsive to the needs and priorities of affected communities.

Moreover, WHO collaborated with the Global Outbreak Alert and Response Network (GOARN), IFRC, and UNICEF to develop the COVID-19 Global Risk Communication and Community Engagement Strategy. In its December 2020 iteration, this strategy called for the wide championing of people centered and community-led approaches to result in increased trust and social cohesion, and ultimately a reduction in the negative impacts of COVID-19. This strategy also called for shifting from the directive, one-way communication of the early pandemic, towards proven CE and participatory approaches.[75]

WHO AFRO uses CE data to inform each stage of the HPC, by ensuring that interventions are appropriate, evidence based and responsive to the needs and priorities of affected communities:

Needs assessment:
WHO AFRO works with communities to identify their health needs and priorities. This information is used to develop a comprehensive needs assessment that guides the planning and implementation of humanitarian interventions.

Planning:
WHO AFRO uses data from CE to develop appropriate and evidence-based humanitarian response plans that address the specific needs and priorities of affected communities.

Implementation:
WHO AFRO works closely with communities to implement humanitarian interventions and ensures that community members are involved in the design and delivery of services.

Monitoring and evaluation:
WHO AFRO uses data from CE to monitor and evaluate the impact of humanitarian interventions, and to adjust as necessary. It also seeks to learn from past experiences and to adapt future interventions to better meet the needs of affected communities.

WHO AFRO works closely with the government and conducts joint activities, where the organization facilitates the process and provides technical advice. They conduct joint activities and assessments in which they collect sensitive data on diseases and work with the health ministry to respond to the needs of the affected communities. In regions such as Oromia and Somali, WHO AFRO conducts risk assessments in local languages with a team led by a Health Cluster coordinator. The team also includes representatives from organizations such as UNICEF, which leads the WASH cluster, and the Health Ministry. This team links at different levels, from national to regional, zone and woreda (district). It is a long process to ensure that all components are properly taken care of. The response is divided into different pillars, such as case management, overall response duration and risk communication and WASH activities, each led by specific individuals.[76]

In the drought response, WHO AFRO conducts a preliminary assessment of needs. We incorporate data from assessments conducted by other organizations, such as the International Organization for Migration (IOM), into decision-making. For example, we have used data from assessments of flooding in the Gambella, Afar, and Amhara regions, as well as data from assessments of a cholera outbreak in the Somali and Oromia regions of Ethiopia. To support this, WHO AFRO also uses public information sources such as brochures and daily bulletins from the Ethiopian Public Health Association (EPHA), and incorporates risk assessments from the Regional Centre for Coordination of Emergency (RCCE) in its decision making.[77]

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For example, in response to a cholera outbreak, WHO AFRO uses the Cholera Outbreak Daily Situation Update to inform major interventions, which are based on the pillars of coordination, surveillance, case management, RCCE, WASH and logistics. The organization also requests and approves the use of oral cholera vaccines (OCV), updates the Health Cluster meeting and works with partners such as UNICEF WASH Cluster to submit a WASH plan. Additionally, WHO AFRO refers to the National Cholera Preparedness and Response Plan, which provides guidance on the technical, financial and material support needed for better preparedness and response capacity for cholera at the national and regional level in Ethiopia by 2021.[78]

Challenges

Needs assessment and Humanitarian Needs Overview (HNO): The first step is to identify the difference between the community's perceived needs and the actual needs. Community members may initially mention needing food assistance, but there may also be a cholera outbreak in the area. While food assistance may be provided by another organization such as the World Food Programme (WFP), WHO AFRO conducts advocacy for WASH and nutrition, which may be provided by UNICEF. In addition, there are many needs in the community and in some cases the people may not prioritize their health services as the impacts may not be immediate.

During the 2023 Humanitarian Needs Overview (HNO), there was no ongoing cholera outbreak, thus OCHA did not factor in the risk into the HNO. However, by mapping hotspots in the country the Health Ministry, with the support of WHO AFRO, was able to prioritize areas for interventions. On August 27, 2022, data was collected on an outbreak across nine woredas in the Somali and Oromia regions of Ethiopia, which were previously identified as hotspots. Measles outbreaks are also of concern.

Another challenge is the variability in the data collection mode. For example, most of the data is reported monthly through the DHI Tool, but in some cases, daily or even hourly data may be needed. This can lead to discrepancies in numbers when compiling daily reports into weekly reports, requiring extra time to triangulate and investigate the

differences. Other difficulties in converting the data to the desired format may also compromise the quality of the data. When conducting multi-sector needs assessments (MSNA), such as DTM and REACH, these require a common platform for data sharing and analysis.

HRP

WHO AFRO also has a separate response plan for the Humanitarian Response Plan (HRP) which sometimes may diverge from the HRP prioritization. This plan is separate and doesn't feed into the humanitarian community led by OCHA. It relies on predictive models for cholera outbreaks and measles cases. However, it is important to note that most health impacts are not immediate and may come later.

Resource mobilization

WHO AFRO has a response plan that is based on predictions and is separate from the HRP coordinated by OCHA. If you look at the current HRP, the Food Cluster has the highest budget prioritization. After food, people think about other concerns. Most donors only look at health concerns when the outbreak is already taking place; which is already too late, unless you make a strong case for preparedness. Normally the humanitarian responses are more interested in the short-term impact, while health impacts may not be visible until later, as they are often long-term in nature.

Implementation and monitoring

WHO AFRO develops monitoring frameworks to track the progress of each plan it creates. The main challenge is in the planning stage, particularly in remote and hard-to-reach areas. In some settings, access to certain communities may be limited due to security concerns, cultural or language barriers, or lack of transportation.

Evaluation

One of the challenges in evaluating the impact of interventions is determining the appropriate indicators to use. For health, proportions are often used, but when working with the humanitarian community, the number of people reached by a specific intervention is important. It can be difficult to determine specific numbers when conducting a general campaign.

Definition of Community Engagement according to WHO AFRO

WHO has defined CE as "a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes".[79] Interviewees from WHO AFRO complemented this, saying that CE involves communities that are heard and incorporated in the planning and presentation of humanitarian activities, and in decision making of the humanitarian community.[80]

Outcomes

CE is crucial in ensuring that interventions are appropriate, evidence based and responsive to the needs and priorities of affected communities. By including the population's needs in the response plan, WHO AFRO can prioritize based on available resources.

By involving the community, WHO AFRO avoids duplication of efforts and responses. For example, in the case of a cholera outbreak, the main problem is often water quality. With CE data, WHO AFRO can conduct a water quality test while UNICEF provides water treatment supplies. Additionally, when the working group speaks the local language, it improves communication with the community.

There is also coordination between WHO AFRO and the technical working of ministerial health, resulting in better interventions. There are various tools related to CE, such as the public health situation analysis, skill assessment tool, and rapid assessment.[81] One such assessment is the "Conduct a rapid assessment of knowledge, attitude, and practices of the community at the woreda level/mapping of existing partners on SBCC intervention on the IDPs and targeted woredas", which includes a component of CE. This assessment identifies key actors in affected zones, discuss with them and identify their potential roles in the outbreak and roles of the sector, organizations and community facilitators.[82]

Enablers & Barriers

Enablers
The tools used need to be qualified and indicators incorporated into the new analysis to ensure accuracy and effectiveness.

Barriers
Lack of funding to conduct assessments as needed can present obstacles in data collection. Once the data is collected, there may be challenges in updating and integrating it into the analysis.[83]

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Data Ethics

There are multiple clearance processes in place for any data that is to be published. A committee reviews the data, and it must be cleared by a representative from the relevant organization, or government department, before it can be made public. This makes the process more rigorous. For example, the Health Ministry is involved in the process and data cannot be published without their approval. To obtain data on measles vaccinations, WHO AFRO must write and obtain approval from the government.[84]

Potential for scaling up and mainstreaming within clusters

Scale up and mainstreaming can be achieved through strong collaboration. Recently, a joint group (ISC) including representatives from health, nutrition and WASH was formed, and they developed their own indicators per sector, which were then overlaid. This is a good approach as it allows for joint analysis, implementation and evaluation. Partnerships between different stakeholders are crucial, and there should be a clear data-sharing platform and guidelines in place between partners and between partners and the government.

WHO AFRO has cluster promise partners, which include UNICEF, and the Ministry of Health, including the Ethiopian Public Health Institute (EPHI). DTM, REACH and other assessments have a common platform and a common denominator for data analysis. However, the situation and response may vary depending on the circumstances, for example, in the case of a cholera outbreak, the response may differ.[85]

Core Humanitarian Standard on Quality and Accountability (CHS) and Community Engagement Minimum Standards (CEMS)
The WHO Regional Office for Africa's approach to community engagement (RCCE) in the context of COVID-19 is informed by core guiding principles that aim to make the process effective and efficient. These principles include being nationally led, community centered, participatory, trust building, open and transparent, informed by data, integrated, coordinated, inclusive and accountable. They are based on and related to the Community Engagement Minimum Standards (CEMS).

The responsibility for implementing RCCE lies with national governments, but they are supported by local, national, and international civil society, as well as communities themselves. Effective RCCE starts by understanding the knowledge, capacities, concerns, structures, and vulnerabilities of different groups in communities, enabling adaptation of approaches, and improving outcomes and impact. Community trust in governments and institutions is vital to controlling an outbreak, and understanding the reasons for mistrust is key to developing trust-building strategies.

Data should be generated and analyzed to inform RCCE approaches, and the response more broadly. RCCE should be integrated and harmonized within the public health, humanitarian and development responses to COVID-19. Support should be prioritized to the most vulnerable, marginalized, or at-risk and affected groups. RCCE approaches must be accessible, culturally appropriate, gender sensitive and representation of all groups in local decision making should be prioritized.

WHO AFRO's CE approach includes utilizing standards in monitoring, evaluation and learning by conducting needs assessments that are shared with organizations, governments, local communities and partners. Indicators are defined and validated by the community to align with their priorities. Partner coordination standards are also emphasized, with the aim of creating networks for coordination between government entities, partners, organizations and local communities, to connect actions between them. Data management standards are also considered, with the implementation of data collection tools that have been approved by the government, to be used for analysis and to inform policies, initiatives and practices towards the community.

It is difficult to ascertain robust and consistent outcomes of CE data integration in the HPC because some efforts are fledgling, generating promising outputs that are pending final evaluation, or have remained at an operational level that has not significantly impacted strategic decision making. Nevertheless, organizations are attempting to overcome challenges by building partnerships, utilizing more consistent tools and indicators, aligning with international standards, and utilizing data to inform programmatic areas.

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Conclusion

Organizations aim to involve community members in the
data collection process and be transparent about the data's
use. This is done to gather more accurate and actionable data,
which in turn leads to better outcomes for everyone involved.
Organizations also strive to improve the quality and relevance of
the data used to inform decision making, which leads to more
targeted and effective humanitarian assistance. This approach
highlights the importance of involving communities in the
decision-making process and utilizing their perspectives and
priorities in humanitarian response. Additionally, organizations
work to integrate data from multiple sources in order to better
understand the needs and priorities of communities affected
by the crisis, integrate CE data into programmatic areas and
mobilize resources for CE through advocacy and data collection.
Ultimately, the goal is to encourage communities to be heard
and incorporated in the planning, implementation and evaluation
of interventions, to not only overcome crises and disasters, but
also enable and promote the empowerment, resilience and
autonomous development of affected populations.

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Endnotes

1. https://immap.org/

2. The full report is available separately.

3. https://static1.squarespace.com/static/62e895bdf6085938506cc492/t/63a432f65 b23880c8c3d6bdf/1671705338975/GTS_CAR_Phase3_Report_March-August_2021_EN.pdf

4. https://www.groundtruthsolutions.org/about-us

5. https://www.groundtruthsolutions.org/news/a-decade-in-the-trenches-of-ac- countability-and-so-much-still-to-accomplish

6. https://static1.squarespace.com/static/62e895bdf6085938506cc492/t/63a432f65 b23880c8c3d6bdf/1671705338975/GTS_CAR_Phase3_Report_March-August_2021_EN.pdf

7. https://static1.squarespace.com/static/62e895bdf6085938506cc492/t/63a432f65b23 880c8c3d6bdf/1671705338975/GTS_CAR_Phase3_Report_March-August_2021_EN.pdf

8. Interview with Carolyn Meyer, Central African Republic (CAR) Program Manager

9. Interview with Carolyn Meyer, Central African Republic (CAR) Program Manager

10. Interview with Carolyn Meyer, Central African Republic (CAR) Program Manager

11. https://static1.squarespace.com/static/62e895bdf6085938506cc492/t/63a432f65b23 880c8c3d6bdf/1671705338975/GTS_CAR_Phase3_Report_March-August_2021_EN.pdf

12. Interview with Carolyn Meyer, Central African Republic (CAR) Program Manager

13. https://www.groundtruthsolutions.org/news/accountability-is-about-leadership-not- mechanisms-why-we-need-to-stop-doing-aap

14. https://www.groundtruthsolutions.org/news/accountability-to-affected-people-is- not-a-solo-act

15. https://www.ifrc.org/our-work/inclusion-protection-and-engagement/community- engagement-and-accountability

16. Interview with Cynthia Sawe, Senior Community Engagement and Accountability (CEA) Officer, Eastern Africa and Indian Ocean Islands, IFRC

17. https://communityengagementhub.org/resource/cea-africa-strategy-printing-files/

18. https://www.ifrc.org/document/cea-toolkit

19. https://www.ifrc.org/document/cea-guide

20. Interview with Cynthia Sawe, Senior Community Engagement and Accountability (CEA) Officer, Eastern Africa and Indian Ocean Islands, IFRC

21. https://mastercardfdn.org/saving-lives-and-livelihoods/

22. https://africacdc.org/news-item/africa-cdc-saving-lives-and-livelihoods-initiative- commences-implementation-in-kenya/

23. https://www.ifrc.org/our-work/inclusion-protection-and-engagement/community- engagement-and-accountability

24. https://rcrcconference.org/app/uploads/2019/10/CD19-DR6-Movement-wide-com- mitments-for-CEA_en.pdf

25. https://www.ifrc.org/document/cea-toolkit#:~:text=This%20toolkit%20contains%20 tools%20that,support%20of%20 programmes%20and%20operations.

26. Interview with Cynthia Sawe, Senior Community Engagement and Accountability (CEA) Officer, Eastern Africa and Indian Ocean Islands, IFRC

27. https://immap.org/

28. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

29. ReportHub is an online reporting platform that addresses the gap in reporting operational data across organizations by streamlining the information flow between clusters, working groups, partners, and the Humanitarian Country Team in support of the Humanitarian Response Plan. https://reporthub.immap.org/

30. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

31. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

32. https://immap.org/news/supporting-the-syria-resilience-program-with-three-assess- ments-on-the-labor-market-and-food-security-and-livelihood-restoration-in-syria/

33. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

34. The Afghanistan Spatial Data Center (ASDC), online from 2015 to 2020, has changed its name and purpose to better meet the needs of the Afghanistan National Disaster Management Authority (ANDMA). Under its new identity as the Afghanistan Natural Hazards Data Center (ANHDC) it has been handed over to ANDMA. Available in: http://asdc.immap.org

35. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

36. Interview with Luis Hernando Aguilar, Senior IMO in the WHO Global Health Cluster Unit, iMMAP. Was deployed to Mozambique, Panama and Honduras.

37. Interview with Luis Hernando Aguilar, Senior IMO in the WHO Global Health Cluster Unit, iMMAP. Was deployed to Mozambique, Panama and Honduras.

38. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

39. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

40. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

41. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

42. Premise is a data collection company, based in San Francisco and Washington, DC, that is revolu- tionizing the collection of information in the field with active users in different parts of the world. Through the use of mobile phones, the enumerators or pollsters, who, by downloading their application, perform response tasks through different questionnaires. https://www.premise.com/

43. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

44. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

45. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

46. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

47. https://immap.org/wp-content/uploads/Afghanistan-Snapshot.pdf

48. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

49. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

50. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

51. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

52. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

53. Interview with Johnson Taremwa, Senior IMO, iMMAP Afghanistan

54. https://immap.org/

55. https://www.impact-initiatives.org/

56. Interview with Margot Fortin, Assessment Specialist (AAP) at IMPACT Initiatives

57. Accountability to Affected Populations (AAP), MSNA 2021 - Global key findings

58. Menu of Accountability to Affected Populations (AAP) Questions for Multi Sector Needs Assessments

59. Interview with Elnur Aliyev, former chief of social and behavioral change and CE with UNICEF Syria

60. "Community Engagement Mapping: Needs, Priorities, Mechanisms and Way For- ward", UNICEF

61. "Community Engagement Mapping: Needs, Priorities, Mechanisms and Way For- ward", UNICEF

62. "Integrated Community Engagement Project in Deir ez Zor ICE3I", UNICEF

63. Interview with Elnur Aliyev, former chief of social and behavioral change and CE with UNICEF Syria

64. Interview with Elnur Aliyev, former chief of social and behavioral change and CE with UNICEF Syria

65. Interview with Elnur Aliyev, former chief of social and behavioral change and CE with UNICEF Syria

66. Interview with Elnur Aliyev, former chief of social and behavioral change and CE with UNICEF Syria

67. https://www.unicef.org/mena/reports/community-engagement-standards

68. Interview with Elnur Aliyev, former chief of social and behavioral change and CE with UNICEF Syria

69. https://www.unicef.org/mena/reports/community-engagement-standards

70. https://www.afro.who.int/about-us/governance

71. https://www.afro.who.int/countries/ethiopia/news/community-based-health- insurance-drives-ethiopias-bid-universal-health-coverage

72. https://apps.who.int/iris/bitstream/hand le/10665/275389/9789241514828-eng. pdf

73. https://apps.who.int/iris/bitstream/handle/10665/338057/WHO-2019-nCoV-RCCE- 2020.3-eng.pdf?sequence=5&isAllowed=y

74. https://apps.who.int/iris/bitstream/handle/10665/259280/WHO-HIS-SDS-2017.15- eng.pdf

75. https://apps.who.int/iris/bitstream/handle/10665/338057/WHO-2019-nCoV-RCCE- 2020.3-eng.pdf?sequence=5&isAllowed=y

76. Interview with Seth Tetteh Annuh, Information Management Officer, WHO AFRO / Health Cluster, Ethiopia

77. Ethiopian Public Health Institute. Cholera Outbreak Daily Situation Update. Yesham- bel W (Ho, Epidemiologist & RH). Ethiopia. December 16, 2021.

78. Ethiopian Public Health Institute. National Cholera Preparedness and Response Plan. Ethiopia. 2021.

79. https://apps.who.int/iris/bitstream/handle/10665/259280/WHO-HIS-SDS-2017.15- eng.pdf

80. Interview with Seth Tetteh Annuh, Information Management Officer, WHO AFRO / Health Cluster, Ethiopia

81. Interview with Seth Tetteh Annuh, Information Management Officer, WHO AFRO / Health Cluster, Ethiopia

82. Ethiopian Public Health Institute. National Cholera Preparedness and Response Plan. EPHI. October 2021.

83. Interview with Seth Tetteh Annuh, Information Management Officer, WHO AFRO / Health Cluster, Ethiopia

84. Interview with Seth Tetteh Annuh, Information Management Officer, WHO AFRO / Health Cluster, Ethiopia

85. Interview with Seth Tetteh Annuh, Information Management Officer, WHO AFRO / Health Cluster, Ethiopia

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