Humanitarian Exchange

Special feature
Communication and community engagement in humanitarian response

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Editorial

This edition of *Humanitarian Exchange*, co-edited with Charles-Antoine Hofmann from the UN Children's Fund (UNICEF), focuses on communication and community engagement. In 2017, UNICEF, the International Federation of Red Cross and Red Crescent Societies (IFRC), the UN Office for the Coordination of Humanitarian Affairs (OCHA) and other partners came together under the auspices of the Communicating with Disaster Affected Communities (CDAC) Network to establish the Communication and Community Engagement (CCE) initiative. The articles in this edition take stock of efforts to implement this initiative.

Drawing on lessons from 23 Peer 2 Peer Support missions, Alice Chatelet and Meg Sattler look at what's needed to integrate CCE into the humanitarian architecture. Viviane Lucia Fluck and Dustin Barter discuss the institutional and practical barriers to implementing community feedback mechanisms. Bronwyn Russel analyses the performance of the Nepal inter-agency common feedback project; Justus Olielo and Charles-Antoine Hofmann outline the challenges of establishing common services in Yemen; and Gil Francis Arevalo reports on community engagement in preparedness and response in the Philippines. Ian McClelland and Frances Hill discuss emerging findings from a strategic partnership in the Philippines between the Humanitarian Innovation Fund and the Asian Disaster Reduction and Response Network.

Charlotte Lancaster describes how call centres in Afghanistan and Iraq are enhancing two-way communication with crisis-affected people. Mia Marzotto from Translators without Borders reflects on the importance of language and translation in communication and community engagement, and Ombretta Baggio and colleagues report on efforts to bring community perspectives into decision-making during an Ebola outbreak in the Democratic Republic of Congo. Ayo Degett highlights emerging findings from a Danish Refugee Council project on participation in humanitarian settings, and Jeff Carmel and Nick van Praag report on the Listen Learn Act (LLA) project. Geneviève Cyvoct and Alexandra T. Warner write on the Humanitarian Country Team (HCT)'s write on an innovative common platform to track the views of affected people in Chad. The edition ends with an article by Stewart Davies on collective accountability in the response to the Central Sulawesi earthquake.

Editorial photos:
Left: Peer 2 Peer in Mali, 2017–18.
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Top: CFP team holding a focus group discussion with earthquake-affected Dalit women in Nuwakot district.
© Bronwyn Russel

Middle: An earthquake drill in Baseco Baranguay, Manila Bay.
© Frances Hill

Women and girls stand in the shade in Kidal, northern Mali.
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Peer 2 Peer in Mali, 2017–18.

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Communication and community engagement in humanitarian response

Coordinating a revolution: the critical role of response leadership in improving collective community engagement

Alice Chatelet and Meg Sattler

The Transformative Agenda, World Humanitarian Summit and Grand Bargain gave response-wide community engagement for Accountability to Affected People (AAP) its 'moment'. The commitment of donors and agencies alike to a 'participation revolution' highlighted the need for change, and attention shifted from individual agency feedback mechanisms to the collective, putting increasing pressure on the coordination system to integrate and mainstream community voices into decision-making. However, while humanitarian agencies have increasingly engaged affected people in operations as a matter of course, a genuinely *collective* approach cannot rely on the sum of these individual efforts. Rather, it demands significant systemic change.

Starting at the top: response leadership

The Peer 2 Peer Support (P2P) team (formerly the Senior Transformative Agenda Implementation Team) was established in late 2013 to support Humanitarian Coordinators and Humanitarian Country Teams (HCTs) to strengthen collective humanitarian assistance and protection. P2P missions to country operations seek to understand successes, gaps and challenges. AAP is one area where the humanitarian community (leadership and practitioners) *consistently* feel they are under-performing. There is a parallel theme of perceived underperformance in the relevance and quality of aid delivery as a whole. This isn't coincidental. It starkly highlights the need for investment and capacity strengthening in response coordination to better integrate community engagement, enabling community priorities and feedback to inform operational and strategic decision-making at the inter-cluster/sector and HCT levels.

The HCT Terms of Reference, revised in 2017, now highlight AAP, the Centrality of Protection and the Prevention of Sexual Exploitation and Abuse and Gender Based Violence as mandatory issues upon which to act. Anecdotal evidence gathered during P2P missions since the revision demonstrates that this is already helping to frame these issues as vital elements of humanitarian operations, where perhaps leaders didn't pay such heed to them before. Even so, most leadership teams believe that more time is needed before the sector will see disaster-affected communities sitting at the heart of collective responses.

The roll-out of the HCT Compact, where accountabilities for critical areas are collectively spelled out in each context, could help both in generating collective approaches and holding their leaders and practitioners to account. This is supported by a new Terms of Reference for Inter-cluster Coordination Groups, which now include AAP. But commitments and compacts are not magic bullets; they are simply frameworks paving the way for more tangible collective action.

Systemic change is needed, both top-down and bottom-up

As high-level structural elements seem to be falling into place, we must be careful not to prematurely equate this with progress. In *all* P2P missions to date, collective AAP was found to be under-performing. From 2014 to 2018, in 23 support missions and Operational Peer Reviews (OPRs), not one country had (at the time of the mission) a functioning, comprehensive collective AAP system, including a collective complaints mechanism or complete AAP strategies with feedback systematically informing decision-making, programming and strategy.

Communities do not necessarily need to be 'invited' to the table anymore: they are demanding or indeed taking leadership of response efforts by virtue of being more connected, thanks largely to advances in telecommunications. The localisation agenda also promotes greater community engagement. But 'the system' itself needs to become more malleable. If we are to continue to rely on some version of an internationally-led coordination system, the immediate priority for coordination actors is to identify the barriers to community engagement in the humanitarian architecture and process, and break them down. Participation programming aimed at understanding or building community capacity to influence decision-making is important, but won't be wholly effective if the coordination gates are shut.

Systemic improvements to coordination systems may not be the most exciting elements of reform, but they are a critical part of the participation revolution. The Humanitarian Programme Cycle (HPC) presents a good frame with which to explore barriers and opportunities for community engagement through

the various phases of a response. For example, 2018 saw an increase in the inclusion of community engagement analysis in Humanitarian Needs Overviews (HNOs). Behind this has been the inclusion of questions relevant to community information needs and feedback preferences in multi-sector needs assessments, which can then be included in overall needs analysis. This work, helped along by the Inter-Agency Standing Committee (IASC) AAP Task Team and the UN Office for the Coordination of Humanitarian Affairs (OCHA), with operational support from REACH, Ground Truth and others, paves the way more methodically for a collective approach to AAP in Humanitarian Response Plans (HRPs). The inclusion of community perception indicators in two HRPs this year (Chad and Syria) opens the door to a whole new layer of analysis of the success of a response: one which is informed by community views. OCHA's quality scoring for HNOs was updated last year to more directly equate evidence of community engagement with quality; i.e., the more evidence of engagement, the better the score.

Also in 2018, OCHA's internal HPC guidance was updated to include practical steps towards coordinating community engagement activities and incorporating relevant data into needs analysis and response planning. This means that teams who before may have felt limited to inserting generic AAP text into response planning documents are now being asked to find out how communities can be or are being engaged; what information they need; what channels are best for dialogue; and where gaps exist in formulating a coordinated approach.

This all needs to be supported by information management systems that can handle community feedback data. Such data is currently processed by information management teams on an ad hoc basis, with sections put into databases and their subsequent information products produced as additional to business as usual. Leaders of a response cannot act on community feedback if they cannot see it. There is a need for greater sophistication and coordination in the gathering, analysis, visualisation and sharing of community feedback and perception data so that it can be overlayed with response information and shared, regularly, with leadership.

The revolution in action

Despite the poor results highlighted in P2P missions, there have been some tangible successes following them. In Iraq, an interagency call centre was established in 2015, thanks to a combination of supportive leadership, an interagency community information needs assessment, investment by OCHA in the deployment of Communicating with Communities (CwC) coordination staff, interagency cooperation via the HCT and ICCG, a supportive OPR mission and ultimately a hosting agreement by the UN Office for Project Services (UNOPS).

Nigeria this year endorsed a collective AAP strategy at the HCT level, citing a P2P mission as one of its catalysts, and this is currently being rolled out. Pakistan has developed an AAP strategy for informed returns in areas controlled by armed

groups, and in the Central African Republic (CAR) and Mali, AAP coordination staff were hired and efforts launched to scale up individual agency efforts. In CAR, this has involved examining the expansion of a call centre for collective use, the creation of a CwC/AAP working group and collective projects under way under a Communication and Community Engagement Initiative (CCEI) umbrella. Response-wide projects were established in Yemen, for the Rohingya response in Cox's Bazar and in the Indonesian earthquake response.

One initiative that has shown great promise this year in terms of systemic change was HCT commitments on AAP being put into action in the Democratic Republic of Congo (DRC). Not only did this see agencies coming together and signing up to specific accountabilities at HCT level, it also led to the drafting of a response-wide system, including the expansion of a hotline and specific outreach targeting women, co-led by OCHA and the UN Population Fund (UNFPA), costed and funded in part under the Central Emergency Response Fund (CERF) allocation. With very few precedents, this creates an opportunity for other agencies to do the same and integrate community engagement into rapidly funded coordination approaches.

Other efforts, including in Somalia, haven't enjoyed as much success, but with strong programmatic capacity within agencies there is potential to try again. It is critical that we learn from these efforts rather than dismissing them, highlighting a need for greater monitoring, evaluation and learning around community engagement and AAP.

Failure to act?

Improving collective community engagement is not just about complying with new global commitments. With dwindling international resources, increasingly complex crises and local communities and governments demanding to be heard, community-driven prioritisation is critical. Dissatisfaction with and criticism of the aid sector is growing internationally. The vicious circle experienced in CAR is generally relevant to a variety of other contexts, with:

- limited engagement with communities, reduced feedback or use of feedback leading to:
- programmes not delivering at the required quality, leading to:
- deteriorating acceptance by affected communities and increased mistrust and dissatisfaction, leading to:
- increased insecurity for humanitarian staff, leading to:
- reduced access to affected communities, leading to:
- limited engagement with affected communities.

Failure to listen to communities will not stop them voicing opinions and priorities, but will simply mean the system will risk becoming increasingly irrelevant and ineffective. This can further hurt opportunities for already overstretched aid funding, when rather than communities inputting usefully into response coordination, they turn to the media, or turn on aid staff.

Overcoming key obstacles

The P2P missions have highlighted a number of key obstacles to collective community engagement that must be acknowledged if they are to be overcome. Access constraints are often cited, especially when it comes to engaging with populations in non-government-controlled areas, such as those held by non-state actors in Somalia, Syria, Iraq and Nigeria. Targeting of aid workers and assets further constrains access.

Lack of funding for collective work is almost always raised. This is not a one-size-fits-all problem, playing out in different ways in different contexts. In one operation, a reprioritisation exercise saw AAP budgeting removed. In others, there was a general feeling that collective AAP mechanisms came with a hefty price tag and thus couldn't be justified. The Iraq IDP call centre, one of the most expensive collective AAP mechanisms currently in operation, reportedly cost around $1 million a year. In terms of global funds allocated to the humanitarian response in Iraq (around $1 billion), the cost was negligible, yet humanitarian teams are not accustomed to spending funds on such activities.

Staffing constraints and the continued perception of AAP as an 'add on' were also mentioned as barriers. In one country, a temporary, relatively junior community engagement adviser was hired from a surge roster to launch a common feedback project, but was reporting to OCHA's communication staff and didn't have access to HCT-level meetings. The project struggled to gain traction without leadership support, and was never launched. Without capacity or systems in-house, reliance on stand-by partners helps but can present challenges to fully embedding community engagement into the response architecture.

A lack of leadership accountability was also noted. Senior leadership must ensure that organisations are held to account for upholding their responsibilities on AAP, but questions arise as to how to do this. Practically, the HCT compact or ToRs don't bind leadership, and historically there has been no explicit incentive to fulfil their responsibilities as HCT members. This is changing somewhat with pressure applied by donor reforms such as DFID's Payment by Results, which ties core funding to evidence of a response-wide collective mechanism for community engagement. But more thought should be given to how all response actors in a coordination system can be held to account for collective work.

Where to from here?

This year will be a critical time to put the coordination 'nuts and bolts' in place for effective systematisation of community engagement. Since the Grand Bargain, progress has shown itself first in overdue sector-wide commitments, then in leadership reform. After that has come some increased donor pressure, and large agencies across the UN, NGOs and Red Cross Movement committing resources to agency-wide strategies in support of collective reform.

For the coordination system to build on momentum and address the gaps highlighted in P2P missions, it is recommended that:

- Capacity strengthening for the coordination of community engagement is rolled out across all coordination agencies, with a focus on tangibly mainstreaming it into existing functions and demonstrably linking community input to decision-making.
- Donors invest in the establishment of collective mechanisms, so that context-appropriate precedents in community engagement coordination become more visible and catalyse change across the sector.
- Surge staff and processes are strengthened so that expert staff become more widely available and better equipped to help country teams move community engagement from an add-on to an integral part of response coordination.
- Investment is made in monitoring and evaluating response-wide efforts, to build up a sophisticated evidence base of what works well.
- All general coordination training, staffing and planning takes into account community engagement, such that mainstreaming begins to happen more naturally.
- Specific investment is made in tweaking information management systems to better handle and use community feedback and perception data.
- Efforts are made to systemically link community engagement, AAP and CwC working groups, which are often informal, to the coordination architecture, most likely by strengthening the links between these groups and the ICCG.
- Donors, response actors and clusters raise awareness of the value of collective work.
- Initiatives to strengthen PSEA fully take into account the need for response-wide AAP, and vice-versa.

Without these structural reforms, we lose an opportunity to support local and international response actors to improve their community engagement efforts and work towards real, systemic change. To put people at the centre, we need to review what 'the centre' currently looks like, opening it up, changing it around and breaking down its walls. Only then will participation become a revolution.

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Jumping hurdles: key barriers to community feedback mechanisms

Viviane Lucia Fluck and Dustin Barter

Collecting community data is increasingly popular in humanitarian responses. However, there are significant barriers that hinder efforts to build up an efficient community feedback mechanism based on a community's actual preferences, and that both responds back to the community and links up with other feedback systems. These barriers can be grouped under three key themes: practical, systemic and institutional, with significant intersections between each group. This article discusses the organisational, practical and systemic barriers to implementing meaningful feedback mechanisms, and presents some ideas on how to address them.

Feedback fervour

For too long the term 'accountability' was almost exclusively linked to the financial accountability of humanitarian organisations to their donors, leaving aside the immense responsibility of being accountable to the people humanitarian organisations aim to support. However, both at the field and the policy level, accountability to affected communities is becoming increasingly prominent. Pillars of humanitarian policy, such as the Grand Bargain, the World Humanitarian Summit, the Inter-Agency Standing Committee (IASC) and the Core Humanitarian Standard (CHS), have begun to address accountability, and are increasing pressure from the top to comply with accountability standards. At the programme level, working groups on Communicating with Communities (CwC), community engagement and accountability point to a growing interest in this area.

Community complaints and feedback mechanisms are increasingly popular accountability tools. While establishing a feedback mechanism does not mean an organisation is fully accountable, these mechanisms can be a means towards a more community-driven approach to humanitarian aid, and are often the first step organisations take towards broader accountability. In Bangladesh, a study by Internews in 2018 found that 93% of key NGOs, INGOs and UN agencies collected community feedback.[1] However, while there is significant enthusiasm and increasing mention of feedback mechanisms, many promise accountability but fail to deliver. As a CDAC learning review after Hurricane Maria suggested, even if organisations worked with community feedback this seldom went further than asking community members how satisfied they were with their programmes.[2] Similarly, in Bangladesh

there was a lack of formalised mechanisms that would allow agencies to follow up on feedback that did not fall under their own remit – 15% had no system in place to refer this kind of feedback, 13% stored it as in-actionable or similar and another 18% were still working on a way to refer it. Only 41% of organisations said that they had a system in place, though how well it works is of course another question.[3] This is highly problematic; not only does it lead to affected communities growing tired of sharing their feedback and complaints and an erosion of trust, but it also gives the false impression of working on accountability while continuing to work exactly as before.

What are the key barriers to installing a successful feedback mechanism? As with anything to do with human interactions and power, setting up and running a feedback mechanism is a complex matter. However, we suggest that key hurdles fall into three, often interlinked, areas: practical, systemic and organisational.

Practical barriers to accountability

Practical barriers to accountability mechanisms are the easiest to identify, but are often ineffectively addressed. Common examples include lack of phone access, illiteracy and affected populations being unaware of their rights to hold humanitarian actors to account (this is far more than just a 'practical' barrier). The first phase of the Rohingya crisis in Cox's Bazar revealed a humanitarian system struggling to adapt to such specific accountability barriers. The approach for the Rohingya was initially based on feedback/complaints boxes and hotlines. This was for a population with literacy levels below 30%,[4] and where only 54%[5] used a mobile phone, thus rendering these mechanisms ineffective for the majority of the affected population, and especially for Rohingya women and children, who are less likely than men to be literate and/or use a phone. According to Christian Aid's *Accountability Assessment* report, only 16% of Rohingya women are aware of accountability mechanisms, against 25% of men, and both women and men prefer to provide feedback through face-to-face contact.[6] Trust in and preference for hotlines and accountability boxes was extremely low. The report also highlighted low understanding of rights related to humanitarian assistance. In sum, Rohingya were largely unaware of any mechanisms, available mechanisms didn't suit them and they were unlikely to assert rights they were unaware of.

1 Stijn Aelbers, Viviane Lucia Fluck and Jyoti Rahaman, *Humanitarian Feedback Mechanisms in the Rohingya Response*, Internews, June 2018 (www.internews.org/resource/humanitarian-feedback-mechanisms-rohingya-response-coxs-bazar-bangladesh).

2 Sarah Routley, *A Learning Review of Communications and Community Engagement during the Hurricane Maria Response in Dominica*, CDAC, 2018 (www.cdacnetwork.org/policy-and-guidance/learning-reviews/i/?id=4ff05ee5-d604-4c23-a16e-9d1aa2acb5db).

3 Aelbers, Fluck and Rahaman, *Humanitarian Feedback Mechanisms*, p. 16.

4 Internews, *Information Needs Assessment*, 2017.

5 Ibid.

6 Christian Aid, *Accountability Assessment: Rohingya Response Bangladesh*, 2018.

Using voice recorders as an accountability mechanism.

© Dustin Barter

Overcoming these practical barriers meant significant investment. For the Rohingya specifically, it required sufficient face-to-face mechanisms, while voice recorders also proved successful, in part because they offered anonymity. Such approaches require labour-intensive collection and processing of data, making them costly. Improving Rohingya understanding of their right to demand accountability also has significant costs. Effective mechanisms may be more economical in other contexts, for instance where literacy rates are higher or phone access more common. For example, Oxfam in Somalia has a toll-free four-digit accountability hotline that is well utilised. The hotline overcomes literacy barriers, is in line with the preferences of Somalis and is cheap. This raises pertinent questions for the sector – how much are we willing to invest in ensuring accountability mechanisms are tailored to the context, and do organisations have the necessary commitment to ensure genuine accountability?

Systemic barriers to accountability

An effective community feedback mechanism relies on a humanitarian system that coordinates and cooperates in regard to feedback. However, in many circumstances there is weak coordination between stakeholders collecting community feedback and a lack of common standards for feedback mechanisms. Even if an agency aims to collect feed-

back only on its own programming, say a health organisation asking health questions, they will nevertheless receive complaints and queries about other topics. More often than not any volunteer or staff member in a vest is perceived as a representative of the humanitarian system, or as having better access to that system. This in itself is not problematic, as offering a diverse set of feedback channels may attract a more diverse set of people. Some may prefer a phone hotline over a feedback box, while others may trust organisation x more than organisation y, and therefore be more comfortable sharing feedback with them.

The issue is that these different feedback mechanisms are often not linked to each other, resulting in feedback getting 'stuck' if the organisation that received it cannot answer it themselves. This can be due to weak support through the humanitarian system to push the practicalities of a common accountability approach, i.e. minimum standards that are not only agreed at HQ level, but also implemented through the coordination system. There is also a lack of agreement on what and how to collect and answer feedback. Often, each organisation builds their own mechanism without agreeing on basic data entry points that would make it easier to compare and share data sets in order to get a more holistic view of community feedback, which could lead to more response-wide programmatic changes. Moreover, while everybody is keen

to see accumulated community data, organisations are still often reluctant to share their raw data with others. Agencies may be wary of airing complaints about themselves or their partners, or a weak or messy feedback system may make it hard to share data.

Additionally, there is a preference within the sector to collect data according to a predefined humanitarian agenda, asking quantitative questions that often relate to satisfaction about programming, rather than letting the community set the agenda and decide what they want to give feedback about. This is partly caused by funding that is still not flexible enough to accommodate significant changes in programming based on community feedback. Including accountability as another box that needs to be checked in order to receive funding is meaningless if it does not come with the trust that communities know what is best for them and how they want to change programmes.

Organisational barriers to accountability

Effective accountability centres on understanding the preferences of affected people, and then designing and implementing appropriate, coordinated systems in response. This is often already known, highlighting that, in actuality, a lack of organisational commitment is one of the major barriers to accountability. For the Rohingya crisis, there was clear evidence of accountability preferences and the efficacy of certain piloted approaches, such as voice recorders. Despite successful pilots, it remains to be seen how committed organisations are to allocating the required resources over the longer term in order to actually make a mechanism like this responsive. In contrast, the level of investment (and thus commitment) required is far lower in Somalia, where the toll-free phone line preferred by affected populations was effective and cheap to establish. Organisational commitment may also be affected by the short-term deployments of many humanitarian staff, including staff responsible for accountability. The irony in all of this is that, for all the funding and effort put into accountability to donors, donor-driven efficiencies often push effective accountability down the priority list.

Since accountability and safeguarding are currently attracting heightened attention, this is an opportune moment to address some of these organisational barriers. This means organisational commitments to achieving effective accountability, from frontline workers up to broader organisational commitments such as the Core Humanitarian Standards. As is too often the case, commitment at one organisational level doesn't always transfer through to other levels. Donors must also be committed, accepting that in some contexts achieving effective accountability is more labour-intensive and thus more costly than in others.

How can we tackle barriers to community feedback?

Much has been done already, and there are many interesting initiatives aiming to improve feedback and complaints mechanisms. The heightened interest in accountability means we are at a crucial turning point where we need to ensure that we do not turn feedback mechanisms into an empty box-ticking exercise. Instead, we must reflect on how we can ensure that feedback mechanisms and programmes fit the community we aim to serve, rather than coming up with solutions that fit us.

The key to tackling these many barriers lies in a coordinated, cooperative approach that puts the affected population at the heart of everything we do. Taking the time to understand affected communities' preferences for feedback mechanisms, not assuming we know which mechanism is best and using the languages, formats and channels the community prefers, must be a priority. Once a mechanism is established, we need to let the community set the agenda, rather than asking about what 'we' want to know or how 'satisfied they are with what we do'. The next step is to not just 'answer questions', but to analyse this feedback, take action and adapt the response. Clusters/sectors need to put pressure on the organisations in their sector to implement accountability, and support a coordinated approach that allows for feedback to be shared and responded to on a sector as well as project level. The support of donors is needed, to fund more significant accountability initiatives long-term with enough dedicated staff, to offer flexibility in moving away from initial programme outlines, and to continue to put pressure on organisations to establish feedback mechanisms.

We need to find ways to make collaboration between different feedback mechanisms more efficient. Collaborations such as that between the UN Office for the Coordination of Humanitarian Affairs (OCHA) and the IFRC on systematically coding community data with humanitarian exchange language (HXL) tags can contribute to this. The collaboration is using community feedback data from the Red Cross and Red Crescent Movement to develop HXL tags, which make it easier to visualise community data through Humanitarian Data Exchange (HDX) tools such as quick charts, while also helping different humanitarian organisations share data more easily. Combined with the community feedback templates currently being developed by IFRC with the support of National Red Cross/Red Crescent Societies, this could be another step towards a more collaborative and holistic approach to community feedback.

On an organisational level, humanitarian organisations need to not only commit dedicated resources and personnel to feedback mechanisms, but also ensure that all staff receive accountability-related support, and understand that it is everybody's responsibility to support feedback mechanisms.

A people-centred approach

There are numerous practical, systemic and organisational barriers to community feedback mechanisms, including a lack of resources, insufficient collaboration and coordination between different mechanisms and still too many assumptions about affected populations. To clear all the different hurdles humanitarian organisations need to work not only more

effectively with each other, but also with the people they aim to support. Efficient and successful community engagement mechanisms need buy-in from all levels, appropriate resources and, most importantly, a genuine commitment to put the people we serve at the centre of everything we do.

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Re-centring our focus in humanitarian response
Bronwyn Russel

After the 2015 earthquake in Nepal an experiment, long in the making, was brought to life. The experiment? To see if a common service approach to system-wide community engagement and accountability could successfully serve both the humanitarian community, and the people affected by the earthquake. Nepal was not a simple context to realise this experiment in. A vast number of people, over 800,000 households, were affected by the earthquake, spread across half the country, over some of the world's most extreme mountainous terrain, with zero road access in a huge number of communities. Despite these challenges, what Nepal did benefit from was a perfect combination of actors – including the UK Department for International Development (DFID), Ground Truth Solutions, the UN Office for the Coordination of Humanitarian Affairs (OCHA) and the Humanitarian Coordinator (HC) at the time – who shared the will and the expertise to bring this vision to life.

The Inter Agency Common Feedback Project (CFP) was born in June 2015 in the UN Resident Coordinator's Office. It was conceptualised as a common platform to aggregate and consolidate feedback from earthquake-affected communities and provide inputs to the Humanitarian Country Team, Inter Cluster Coordination Group and clusters on the perspectives of earthquake-affected communities. The goal was to ensure that the voices of affected people had a place at the decision-making table and were able to influence response and recovery efforts.

It was simultaneously a novel concept and an obvious step. At the root of humanitarian activities, whether an individual's, an organisation's or a country's, the underlying intention is to help people who are suffering as a result of natural or human-made crisis. If the goal is to help people, then it is undeniable that what those people think and feel about the way we are responding to their needs *should* be the primary measure of whether or not we're achieving our goals.

How it works

There are several components that make up the CFP's community engagement and accountability platform. Working together properly, they are designed to ensure that feedback from communities is collected regularly, processed efficiently and systematically interacts with senior decision-making, and that communities get answers to their urgent questions, concerns and grievances.

Feedback collection
The beauty of a common platform for feedback collection is that there is no targeting of 'beneficiaries'. Just as it works to serve the entire humanitarian community, it also targets all affected people, so everyone gets an equal opportunity to have their voice heard. Ensuring that everyone has an 'equal' chance means using as rigorous a statistical sampling method as possible to achieve maximum representativeness. Although the sampling strategy has changed over time to reflect changing circumstances, generally the CFP collects over 2,000 household-level perception surveys at regular 2–3-month intervals. All of this feedback can be disaggregated by gender, caste/ethnicity, age group, disability and geographical location. While the sampling strategy is random, the demographic profile of respondents roughly matches that of the earthquake-affected areas. To ensure gender parity, enumerators request a respondent of a different age and gender from the pool of eligible respondents (household members over 15 years) at each household.

This is the foundation of the feedback component, and in fact the entire project. Feedback from communities is sought in a statistically significant, quantitative manner, instead of waiting for it to come in through other, more programme-specific mechanisms, such as hotlines or suggestion boxes. However, quantitative feedback alone has its limitations, which is why the CFP complements this data collection with focus group discussions, conducted in the majority of survey districts by project field staff. These qualitative insights help to provide depth to the quantitative findings and put a human face on a particularly salient issue. Feedback also comes in from partner agencies and organisations on a voluntary basis, through a feedback 3W (who is saying what, where) populated by regular accountability and community engagement mechanisms. Agencies that report are credited for their collaboration, but feedback is not directly attributed to them.

Hotlines, information booths, suggestion boxes and other similar methods will tend to attract those who have a particular issue, or who feel confident enough to lodge a complaint or provide feedback. In a society with as much socio-cultural stratification as Nepal, these methods of gathering feedback will not necessarily appeal to marginalised and vulnerable people. While these mechanisms can play an important role in supporting programmatic accountability, without overarching coordination they cannot provide comprehensive insight into the issues and

concerns of the people we aim to serve on a response-wide level. To ensure that the response is listening to a diversity of views, it needs to bring the opportunity to provide feedback directly to people's doorsteps.

Analysis and reporting

The breadth and richness of data allows the CFP to confidently report on the main issues being faced by communities in the response to humanitarian leadership and all humanitarian partners. Once each round of data collection is complete, the information is processed and analysed, and a report produced within two weeks. This tight turnaround ensures that feedback reaches humanitarian actors in real time, and issues are presented when course corrections can still be made. The report presents its findings in an easily digestible way, with tables and infographics accompanied by short text on each question, and an overview page on key findings and recommendations. Each report is supplemented by a five-minute infographic video, uploaded to CFP's YouTube channel. Humanitarians are busy. CFP strives to hook decision-makers into the findings and analysis by making it easy to understand feedback from affected communities over a morning coffee.

Despite being short and easy to read, the analysis is also insightful, as it presents the information coming from communities in context. Reports disaggregate each question according to age, sex, caste and ethnicity, occupation, geographic location and disability, and provide a thorough understanding of the ways in which all of these socio-cultural variables interact and shape the way individuals and communities experience the response.

It's impossible to present everything that could be significant to every actor in a short, predominantly visual report. Likewise, it's impossible to know everything that may be important, or even relevant, to every actor in a response. For this reason, another key element of the CFP is that all data is open and publicly accessible, and a visualisation platform has been jointly developed with HDX to allow users to interact with and query data to produce whatever analysis is most useful for their programmatic needs.

Advocacy

The next step for CFP is to do justice to the feedback collected from affected communities. CFP, and any initiative like it, will always be judged based on the impact of the feedback it gathered. Commitment from agencies to follow up on feedback from communities has never been guaranteed. It is something that had to be negotiated. For this, consideration is given to the outcome of feedback from the outset of research design. It is important to ask, almost exclusively, questions that are actionable, and that can have an impact on programmatic decisions. When questions are asked at the right level of specificity – with a direct link to programmes or potential programmes, but without being too detailed – then practical recommendations can be made around which strong advocacy can be pursued. For instance, if protection is a concern, asking 'who are the main perpetrators of violence' in an anonymous survey is impractical. However, asking 'what areas of the community is violence likely to occur in' can make it

possible to identify potential interventions, such as investments in lighting.

When looking at feedback from communities, the findings are, of course, not always positive. This is what scares a lot of people away from this type of work. Sometimes affected communities are not satisfied with the assistance they are receiving, want an entire agency to leave their community or report corruption. The way in which these findings are presented and stakeholders engaged on the issues has an impact on their willingness to hear the voices of communities, investigate and make necessary changes.

These are sensitivities the CFP has learned to navigate, while remaining strong on advocacy. Everyone in a humanitarian response is working hard and wants their work to have a positive impact on the lives of people who are suffering through terrible circumstances. It is essential to recognise that, when advocating around feedback from communities, the intention is not to scold humanitarians, or slap them on the wrist if you find that affected communities aren't satisfied. The purpose is to support the humanitarian community to continuously check the pulse of its work, implement course corrections as needed and ensure that all the hard work and efforts of humanitarian actors and agencies are having the desired impact.

Closing the feedback loop

Finally, in order to be truly accountable to affected people the CFP does its best to let affected communities know what happened as a result of the feedback they provided, as well as filling in the information gaps they have identified so that they can make informed decisions about their own recovery. Crisis-affected people are not passive, helpless recipients of assistance. They have agency and resources and they will make decisions, based on the information they have, about how to recover and move forward. They have a right to know about the factors that will impact their lives, and their decisions. If the humanitarian system does not do its absolute best to ensure that the information affected people have is clear, accurate and timely, it does not support the fulfilment of that right.

The CFP used three complementary mechanisms to close the feedback loop with affected communities. The most direct is an interactive voice response (IVR) system that sends an audio message to the mobile phone of each survey respondent who provided a phone number. During data cleaning and processing, key concerns, information gaps and questions are grouped in the IVR system, verified answers are sought and audio messages are recorded and then sent out. This ensures that each respondent sees the outcome of spending their time providing feedback to an enumerator. This method reaches 70–80% of respondents who provide a phone number when surveyed.

The second method is through community meetings, held in rural areas with local government officials, local and international NGO workers, media and other relevant stakeholders. In these meetings, organised by CFP, key issues arising from the most

CFP team holding a focus group discussion with earthquake-affected Dalit women in Nuwakot district.

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recent feedback from that particular area are addressed, followed by a question and answer session. Often these questions are around government policies, timelines and support packages. In many instances questions deal with exclusions from beneficiary lists, and often the authorities are able to rectify an oversight such as this on the spot. Local media cover the event for radio and print media to ensure that the questions and answers reach a broader audience than just those in attendance.

The least direct mechanism is community radio programmes. The CFP has a partnership with the Association of Community Radio Broadcasters, with an agreement to support local radio to produce content based on the findings of community perception surveys in local languages. Additionally, national-level programmes take pressing issues from community feedback and follow up with government and other decision-makers at the policy level. For instance, when rumours about households unable to reconstruct on time being blacklisted and denied government services were circulating, national radio programmes broadcast interviews with the National Reconstruction Authority spokesperson stating that no one would lose any government services as a result of an inability to rebuild according to the deadline.

What does it take to make it work?

With over three years of experience behind it, the Common Feedback Project has learned quite a lot about what it takes to get a common service for community engagement off the ground and running continuously through emergency response, recovery, reconstruction and preparedness. Although the components and processes will depend on context in future models, four main factors have led to the CFP's long-term success, and should be replicated in future similar projects.

1. One of the most important features of a good feedback system is flexibility. A common feedback and accountability service should collect feedback with a regularity that makes sense, given its objectives. Doing this regularly allows for tracking of important issues, but also encourages flexibility in its approach. Sometimes issues fade away, and new ones crop up. In a humanitarian setting circumstances, information and needs change rapidly. A collective platform needs to be able to react to this.

2. Ensuring that the methodology by which feedback is collected is extremely strong is essential. The best offence is a good defence, meaning the first thing is to make sure no one can throw the findings out. People don't want change, so if they can find a way to disregard findings, especially if they're unflattering, they will. Make it impossible. The best methodology will depend on the context, objectives and scope of each system, but it should be as rigorous as possible given those factors.

3. The platform manager or coordinator should be a diplomat, or a lobbyist, rather than a technical specialist. Technical specialists are essential to make sense of the large amounts of information a common platform receives. But for the outward face of the platform, it is essential to have someone who can negotiate buy-in from even the most reluctant to change. The biggest mistake that data-rich projects make is to assume that people will know what to do with the vital information they provide. This is not the case. In order for the voices of affected people to connect with humanitarian programming it is necessary to have a person who can communicate that voice effectively, who can get people on board, who can navigate difficult findings with partners in a diplomatic way, who can build strong and strategic partnerships to mitigate risk, and who can mentor and coach stakeholders through internalising feedback data to ensure that that voice is heard.

4. To get communities a seat at the most senior decision-making tables, a common platform must be positioned close to senior leadership. It is very difficult for an agency with a programmatic mandate to host a truly common platform, so the more central and neutral a decision-making body the platform can be positioned within, the better. Additionally, for greatest impact, the manager or coordinator of the platform should have direct access to senior response leadership so that they can develop that individual as a champion for the voice and perspectives of affected people. This can have different incarnations at different levels. For instance, national and local decision-making powers and processes may be de-coupled, which would mean a successful common platform would want to position itself close to those decision-making bodies at those different levels.

Conclusion

The CFP in Nepal has achieved a great deal in the past three years, not least of which is setting a global example that collective community engagement in emergencies, and subsequent recovery, is not only feasible but also useful in improving the response. However, it remains to be seen if the Nepal example will be a one-off or if it can be successfully replicated and adapted in other contexts. Buy-in from senior leadership is not a given in every emergency, and the ability of programme and policy actors to internalise feedback from communities has not yet been learned globally. These pieces are necessary to the success of any common platform.

The CFP in Nepal is part of a global change management initiative to recast the terms of humanitarian engagement and stop circumventing those people who are most important at the decision-making table, those people who are the very reason there is a decision to be made at all. Change is not easy. People don't like it. It's scary, and it's uncomfortable. This means we all need to work, day-by-day, brick-by-brick to convince the system, and the people who make it up, to change. It will take time. These things don't change overnight. They don't change by declaring commitments and strategies or policies. They happen though negotiation, through diplomacy, through coordination. In Nepal this change has run its course and come out the other side, proving it is possible to give people affected by crisis a real voice in emergency response and recovery.

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Yemen: setting up a common service in a high-risk environment

Justus Olielo and Charles-Antoine Hofmann

Yemen remains the world's worst humanitarian crisis. Four years since the current crisis began in March 2015, approximately 22.2 million people or 75% of the population are in need of humanitarian assistance. The conflict has led to severe economic decline, food insecurity and the collapse of essential services, and exacerbated social deprivation and vulnerability to diseases, including the world's worst cholera outbreak, with over 1.5 million suspected cases. According to the UN Office for the Coordination of Humanitarian Affairs (OCHA), as of October 2018 a total of 17.8 million people were food insecure, 8.4 million did not know where their next meal was coming from, 16 million did not have access to safe water and 25% of children were out of school.

Putting people at the centre of humanitarian action

A Community Engagement Working Group (CEWG) was established in late 2015 to facilitate and better coordinate system-wide communication and engagement with affected populations in the humanitarian response. Chaired by the UN Children's Fund (UNICEF), the CEWG comprises 25 participating agencies with over 100 staff on the mailing list, including from the UN and international and national NGOs, who meet regularly (at least bi-weekly in 2017), with OCHA providing overall coordination and a secretariat role.

The CEWG works to establish common, shared mechanisms to ensure that affected people have accurate, relevant and timely information to make informed decisions to protect themselves

A child in Yemen.

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and their families and to ensure that the overall humanitarian response is systematically informed by the views of affected communities. Among its first priorities was to develop a framework for accountability to affected populations (AAP) for inclusion in the 2017 Yemen Humanitarian Response Plan (YHRP), based on agency and cluster best practices and to raise the profile of AAP at cluster, inter-cluster and Humanitarian Country Team (HCT) levels.

The framework, subsequently discussed and adopted at the inter-cluster level and endorsed by the HCT in May 2016, addresses six core components of accountability to affected populations, the first being that accurate, relevant and regularly updated information on the humanitarian response is provided publicly and made readily available and accessible to affected communities. This requires participating agencies to organise regular consultations with women, men, girls and boys in order to understand, develop and disseminate key messages addressing information needs, and to provide information on projects in ways consistent with the preferences and interests of affected communities.

Second, the framework requires the involvement and participation of communities in decision-making, especially in the design, monitoring and evaluation of humanitarian assistance, through regular consultation and feedback mechanisms. Third, it stipulates the use of community complaints and feedback for

learning and improving the quality of the response, including minimum standards for establishing and managing complaints and feedback mechanisms and closing the feedback loop. The fourth component sets out measures to ensure that staff attitudes and behaviours reflect and are consistent with humanitarian principles, the Core Humanitarian Standard and accountabilities to affected people, and calls on agencies to issue codes of conduct and provide training to staff. The fifth and sixth components require agencies to collectively conduct quarterly reviews for project learning: i.e. feedback analysis, monitoring reports, assessments and evaluations, and organise learning workshops, reports and meetings with partners, clusters and the HCT to review progress and share learning.

The CEWG has been instrumental in advocating for the adoption of accountability to affected populations as a core principle in the humanitarian response consistent with the Core Humanitarian Standard, and in building the capacity of its members to improve communication and community engagement interventions. Among its key achievements are establishing minimum standards for feedback mechanisms.[1] These group community complaints and feedback into three categories, each with recommended referral pathways (Table 1).

1 www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/minimum_standards_for_feedback_mechanisms_-_cewg_jan2017_0.pdf.

Table 1 Three complaint categories

Feedback/complaint category requiring:	Type of cases	Referral to – if the organisation receiving the complaint cannot deal with it
Immediate response	Life-threatening cases including protection/child protection/GBV/PSEA	Protection/CP/GBV clusters
Urgent response (within 24 hours)	Corruption/fraud/diversion/abuse of authority	Organisation/cluster lead organisation
Ordinary response (within five days)	All other complaints, e.g. poor prioritisation, exclusion, timeliness, staff behaviour/cultural sensitivity, non-responsiveness)	Organisation/cluster lead organisation

The CEWG also conducted a '4Ws' (who, what, where, when) exercise and established a registry of existing organisational feedback mechanisms to better understand the different approaches and systems in use, with a view to learning from each and establishing common system-wide feedback platforms that participating agencies can benefit and learn from.

Quality of the humanitarian response: community perception surveys and feedback

As part of facilitating community participation and feedback and to monitor communities' perceptions of the humanitarian response and their capacity to participate, their information needs and preferred communication methods, the CEWG conducted two perception surveys among affected people in 2016 and 2017 (a third was under way for 2018) on the quality of the humanitarian response.[2] Using convenience sampling,[3] the surveys comprised 50 questions linked to the five Inter-Agency Standing Committee (IASC) commitments to AAP and the nine commitments under the Core Humanitarian Standard. The surveys were administered to affected populations and key informants at community level. Partners completed the questionnaires in the field and entered completed forms online using Kobo. The CEWG in Sana'a compiled and analysed the data from both surveys.

The survey results have been instrumental in bringing the views of affected populations into the Yemen humanitarian response plans, and in addressing the serious disconnects Yemenis saw between the humanitarian response and their priority needs. In 2016, 93% of the affected population living in areas where humanitarian agencies were operating considered humanitarian staff and volunteers respectful, 84% reported that the presence of humanitarian agencies had made them feel safer

and 60% thought that their community was able to influence the modality and type of humanitarian assistance. However, just 41% believed humanitarian assistance was provided in a fair way, with a huge discrepancy between areas controlled by de facto authorities (Taiz: 24%) and those controlled by or pro the legitimate government (Aden: 41%). Only 15% knew how to provide feedback or complain to humanitarian agencies, with the elderly, people with mental disability, the illiterate and marginalised or socially excluded communities[4] seen as having the most difficulty accessing information and assistance. The greatest information needs were around accessing assistance – where and how (72%), who was entitled to assistance (46%) and how to provide feedback (32%). Personal channels were the most trusted sources of information, primarily word of mouth (from relatives or mosques etc. 54%) through cell phones (52%) and community volunteers (36%); 23% said humanitarian workers (UN/NGO staff) and 23% the radio.

Significantly, only 12% thought that humanitarian assistance was meeting their priority needs. Among the internally displaced, a solid 60% reported specifically that the aid they received did not support them or their community in meeting priority needs. Unmet needs highlighted by respondents included electricity and legal services, especially among women. Of those who provided feedback to an agency, 71% felt that it had not been considered.

In 2017, the questionnaires were more in-depth and the results more revealing – all core community indicators had declined between August 2016 and October 2017, perhaps as a consequence of the escalation of the conflict and the deteriorating operating environment. Overall, while food, water and health remained top priorities for affected people, the majority of respondents were more dissatisfied with the humanitarian assistance they were receiving than in 2016. A majority also perceived assistance lists as not reflecting those most in need (19% among IDPs and 53% among non-displaced communities). A majority (56% of those surveyed) said that they did not have the information they needed to access available assistance, and 55% said they did not know how to register

2 Affected populations include internally displaced, host and receiving families/communities, those living in areas of active armed conflicts and refugee populations.

3 Convenience sampling is a non-probability sampling technique where respondents are selected because of their convenient accessibility and proximity to the interviewer or researcher. It was selected partly because of funding constraints but also to overcome restrictions on surveys and assessments imposed by (mostly) de facto authorities.

4 Yemen has a large population of traditionally socially excluded groups like the Muhamusheens.

Table 2 Decline in core AAP indicators in the Yemen humanitarian response between 2016 and 2017

	Indicator	August 2016	October 2017	Total Change 2016-2017
1	Humanitarian assistance meets communities' priority needs (exceeds, meets, partially meets)	90%	80%	–10%
2	Communities know how to provide feedback	49%	24%	–25%
3	Communities have information to access humanitarian assistance	44%	42%	–2%
4	Communities are involved in humanitarian assistance	50%	43%	–7%
5	People most in need receive humanitarian assistance	67%	48%	–19%

their needs with aid agencies. Only 25% of women knew how to make a complaint to an agency. Across the board, displaced populations' perception of the quality of the humanitarian response was much lower than that of non-displaced people.

These results were widely shared with individual agencies, clusters, the inter-cluster coordination group and at the HCT, and have become an important basis for planning the humanitarian response at all levels. For example, communication and community engagement became a critical response strategy in containing the cholera outbreak, where affected communities were at the centre of decisions such as where to establish rehydration and diarrhoea treatment centres.

The HCT for its part made commitment to the integration of AAP a mandatory requirement for agencies included in Yemen Humanitarian Response Plans and for accessing pooled funds. Similarly, cluster and inter-cluster coordination meetings have been encouraged to include AAP as a standing agenda item. Led by UNICEF and OCHA, the CEWG has conducted two workshops in Aden and Sana'a to train over 50 staff from 25 participating agencies to enhance their understanding of AAP principles and boost their skills in communication and community engagement.

While considerable progress has been made, this has not been without challenges. AAP activities continue to compete for resources and attention with many other priorities. At the collective level, the lack of clear policies and guidelines and the lack of a critical mass of dedicated staff with the

knowledge and experience to articulate, plan and implement AAP still means that it is at best ad hoc, and limited to a few agencies. Clusters are also still struggling to come up with clear indicators for reporting.

Luckily, prioritisation of AAP at the HCT level is beginning to pay dividends, including the allocation of $1 million of YHRP pooled funds to support the establishment of a system-wide common feedback mechanism (a call centre and other digital platforms) to ensure that affected communities are actively engaged and provided with timely, relevant and actionable lifesaving information, and that their feedback and complaints are effectively responded to and acted on. This funding supports capacity-building of partners to effectively engage with communities, in particular national NGO partners through community engagement efforts and staff training in AAP approaches and systems – including minimum standards and codes of conduct, as well as strengthening local partnerships to enhance the capacity of community volunteers and frontline staff to facilitate dialogue and other communication interventions. More perception surveys and community consultation forums will be arranged, to ensure that humanitarian action and decision-making processes are informed by the constructive participation and feedback of affected communities throughout the humanitarian response cycle, including at the most senior levels of decision-making.

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Sustaining coordinated community engagement in preparedness and humanitarian response: lessons from the Philippines

Gil Francis G. Arevalo

Over a three-month period in 2013, the Philippines experienced three major disasters: the Zamboanga siege (September), the Bohol earthquake (October) and Typhoon Haiyan (November). One of the key lessons from the humanitarian responses to these events in relation to engaging with affected communities and integrating accountability into the overall response was the need to be more proactive in pre-positioning capacities and resources: not just experts, specialists and practitioners, but also accountability, communication and assessment tools, feedback channels and other communication applications as part of field-level working groups and common service platforms. Drawing on lessons from recent humanitarian responses in the Philippines, and the experience of the Community of Practice on Community Engagement, this article analyses the evolution and expansion of coordinated community engagement in preparedness and response.

The Community of Practice on Community Engagement

The national-level Community of Practice on Community Engagement (CoPCE) was established by the UN Office for the Coordination of Humanitarian Affairs (OCHA)-Philippines in 2014, with support from core members including World Vision, Plan International, the United Methodist Church, First Response Radio-Far Eastern Broadcasting Company, Rappler, Action Against Hunger, the Philippines Information Agency (PIA), the UN Children's Fund (UNICEF), the International Organisation for Migration (IOM) and the UN Population Fund (UNFPA). As a cross-cutting Community of Practice (CoP), it is mandated to support the Humanitarian Country Team (HCT), the Inter-Cluster Coordination Group (ICCG) and other thematic groups to mainstream two-way communication and close the feedback loop in humanitarian response. The CoPCE has since expanded to 50 members,[1] including UN agencies, international government organisations (INGOs), faith-based groups, the private sector, media groups, civil society organisations (CSOs), telecommunications companies, the Red Cross/Red Crescent Movement and the Communicating with Disaster Affected Communities (CDAC) Network. The CoPCE has launched a series of community engagement and accountability initiatives in humanitarian responses in the Zamboanga City siege, armed conflict in Marawi City, Typhoons Hagupit, Koppu and Knockten and the Mayon Volcano eruption. Activities have included setting up field-level working groups, con-ducting joint or inter-agency rapid information communication

and accountability assessments (RICAAs),[2] initiating dialogue between the government and affected populations and using social media, humanitarian radio programming and frontline SMS to support humanitarian responders in communicating with affected communities, as well as more traditional means, such as community assemblies, face-to-face dialogue and help desks in evacuation centres or camps.

Prior to the creation of the CoPCE in 2014, all interventions on community engagement (communicating with communities (CwC) and accountability to affected populations (AAP)) were reactive and mainly involved supporting the establishment of field-level ICCGs. There was little interest in preparedness and, as a new thematic cross-cutting working group, CwC/AAP found it difficult to garner support from the humanitarian community, particularly for common services projects. Setting up a field-level working group relied on a few organisations or agencies with dedicated staff, established partnerships with local organisations and government and enough resources to support work on the ground. There was no structure and no agreed minimum coordinated response actions. Despite OCHA coming up with field-level terms of reference on how to make the working group as effective as possible, it took some time for other agencies to invest in people and projects supporting community engagement and accountability. The overlap between CwC and AAP roles and objectives was confusing to both the humanitarian community and the government, and tensions between the groups at global level further hampered progress. It took more than a year after Haiyan before in-country community engagement experts realised the importance of not just merging the two, but also maximising their capacities to ensure a consistent approach.

A CoPCE operations protocol was eventually approved in 2016 which merged CwC and AAP functions. The protocol also emphasised the inclusion of four key components in any response: a two-way communication platform, an overall accountability mechanism, meaningful community participation and closing the feedback loop. Involving people in the CoPCE with diverse skills and backgrounds was also seen as a priority. Since 2015, CoPCE members have included specialists, practitioners, programme implementers and advisors in CwC, AAP, civil mobilisation and community organisation, local network coordination and humanitarian communication. Pre-positioned resources

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1 For a mapping of CoPCE members, platforms and other capacities, see: www.humanitarianresponse.info/en/operations/philippines/infographic/philippines-cop-community-engagement-preparedness-and-response

2 The RICAA tool was developed by OCHA in 2014 to improve the assessment of information needs and the preferred communication channels of affected people, and the identification of accountability mechanisms (www.humanitarianresponse.info/en/operations/philippines/document/rapid-information-communication-and-accountability-assessment-ricaa)

and capacities, including expertise, are part of preparedness planning, and there has been sustained capacity-building of CoPCE members, including a simulation of a Level-3 response to an earthquake in Manila, and engagement with relevant government agencies. In addition to mainstreaming the use of RICAA, two questions related to information needs and communication channels are now included in the Philippines HCT/ICCG 72-hour assessment tool. Since Typhoon Hagupit in 2014, community engagement has been consistently reflected in the HCT's public situation reports.

Having a coordinated CoPCE has enabled the production of a clearer strategy, a national action plan, the operations protocol,[3] consistent mapping of capacities and more common service projects. The CoPCE has also became an avenue for innovation in communication and engagement technologies among private sector members and start-up organisations; paved the way for members to pilot pre-crisis information mapping and consultation; encouraged more agencies, including local CSOs, to join; and facilitated the implementation of projects in direct partnership with affected communities and local government. Both at the national and field level, CoPCE encourages members and partners to test, validate, modify and contextualise technologies or emerging common services platforms. Before they were mainstreamed, unmanned aerial vehicles (UAVs), frontline SMS, voice-messaging, humanitarian radio programmes, the FireChat wireless mesh networking app and community response map were all trialled and tested. Acceptance of these tools did not happen overnight. It took two years, four typhoons, one volcanic eruption, two armed conflicts and one earthquake preparedness simulation exercise before these platforms came to be seen as indispensable resources and capacities.

Confronting challenges

The responses to Typhoons Haima and Koppu in 2015, both medium-scale emergencies, are classic examples where the CoPCE effectively deployed RICAA teams and crucial community engagement platforms. Lessons from the Typhoon Haiyan experience on the importance of preparedness meant that both local government and at-risk communities were better prepared for Haima and Koppu, enabling them to execute local preparedness protocols days before the typhoon made landfall in Northern Luzon.

Given the level of government preparedness, including early warning and evacuation procedures, the CoPCE was able to identify the community engagement interventions needed to augment the capacity of local governments and at-risk communities. In the first 72 hours, some members were able to conduct RICAAs in several evacuation centres, using UAVs in

isolated areas, setting up humanitarian radio programming to support local government and other humanitarian agencies, activating ham radio services and providing solar generator sets to local radio amateurs, and establishing free call/SMS and battery charging services in some evacuation centres. Although communication lines were down, crowdsourcing through social media (Facebook, Twitter) was active before, during and after the typhoon, supported by FireChat.

But here's the catch, in both responses: there was no activation of field-level working groups, and only ten of the CoPCE's 50 members provided minimum response interventions. In part this was because the impacts of Haima and Koppu were not considered as damaging as Haiyan; local communities were able to evacuate and the local government was effective in coordinating and managing the response, which meant that less international support was required. The CoPCE's key role during these emergencies was to complement and augment the government's response. While there was a request from local government to continue community engagement support, field staff decided to hand over responsibility to the local government and CSOs. Likewise in the Zamboanga siege, despite having the longest-running field-level working group (from 2014–17), only a few agencies, including OCHA and IOM, continued to provide consistent support to the city government's public information office.

For the Marawi conflict response, while humanitarian agencies (including local CSOs) actively participated in the field-level working group set up by OCHA in the first few months, momentum was not sustained as only a few agencies had committed to being part of the group and fewer still were able to lead it. It took several months before the humanitarian community and the PIA, under the Task Force Bangon (Rise-Up) Marawi, identified the need to resurrect the working group, this time focusing on issues related to unmet humanitarian needs and addressing future concerns around early recovery and return. Together with the PIA, OCHA and UNHCR helped keep the working group alive and working in support of local government initiatives, and the national-level CoPCE continues to mobilise and provide support.

How can the interest and energy of CoPCE members be maintained when responding to small and medium-scale emergencies? Investment in preparedness, engaging more agencies and maintaining an enabling culture for members to explore how each feedback platform would work and transform into a common service became the entry points to encourage other organisations to be part of the CoPCE. Since 2016, the CoPCE has implemented a series of preparedness activities through common service partnerships, such as expanding membership, mainstreaming the use of RICAA, improving field-level community engagement coordination and implementing more community-based projects, including pre-crisis information mapping and consultation.

Compared to actual response, resources are limited when it comes to preparedness initiatives or activities, and the

3 CoPCE Minimum Operations Protocol in Preparedness and Response Actions: www.humanitarianresponse.info/en/operations/philippines/document/minimum-response-and-preparedness-operations-protocolversion

Provision of free SMS, call and battery charging services two days after Typhoon Knockten.
© Gil Francis G. Arevalo

CoPCE relied on co-shared funding schemes to implement preparedness initiatives. For some members, this can be draining since the process takes time, and momentum can be lost; in one example, only 14 of the CoPCE's 50 members took part in the pre-crisis information mapping and consultation exercise in Metro Manila as part of earthquake preparedness. Resources and capacities needed to cover more or additional areas were limited. To ensure that the right assistance gets to communities quickly and appropriately in the event of an earthquake, the pre-crisis mapping tool should be further used and tested in other Metro Manila areas by other CoPCE members. Again, the usual challenge is the limited funding available for preparedness initiatives. This was the first time that the HCT, through the CoPCE, conducted a pre-crisis information mapping survey and consultation at the Barangay level (the lowest unit of government) on aid preferences in an urban setting. It was part of the HCT's process of planning for a Manila earthquake, undertaken in coordination with national government agencies, local government and international/local NGOs. By adapting a 'no regrets' approach, the exercise encourages others to appreciate the 'new normal' in communicating and engaging with affected communities as part of preparedness. In preparedness, it is critical for CoPCE members to keep testing and validating community engagement platforms to determine if they work, or whether they need modification and improvement so that other members can adapt or contextualise their use or further mainstream them. At a minimum, and as has been the norm since 2014, the CoPCE should at least activate the operations protocol including setting up a field-level working group, conduct joint or inter-agency RICAA and maximise available community engagement platforms.

'Learn to unlearn then relearn'

How do we break the routine? There are no easy answers. However, it helps to have some CoPCE members deployed outside the Philippines and providing support to other colleagues within the Asia-Pacific region. During the Nepal earthquake in 2015 and in the Rohingya crisis, focal points from World Vision, Plan International, IOM, Oxfam and the Red Cross were at the frontline supporting local colleagues in restoring communications lines and providing lifesaving information. Some provided remote technical assistance in contextualising some common service platforms.

In 2017, the Shongjog CwC Working Group visited the Philippines to find out more about the CoPCE. Most members have learned a lot from the challenges and totally different context in Bangladesh as shared by counterparts from other UN agencies, INGOs and government. One of the takeaways from

the exchange visit is the importance of cultural and political sensitivity in using various platforms. While this has been at the core of initiatives in the Philippines, it bears further emphasis. The exchange visit served as a good reminder for CoPCE members that, like Bangladesh, the Philippines has to deal with issues of diversity and inclusion in making community engagement platforms more accessible to the most vulnerable and disadvantaged groups.

Another factor to (re)consider is how to engage more government agencies and what the CoPCE or any technical cross-cutting thematic groups could do to support them in preparedness and response. This has always been a case in point, especially in the Philippines, where in most responses the government is overstretched, and where taking a co-leading role on community engagement may do more harm than good at the height of a humanitarian response.

Conclusion: embracing the learning

Applying, adapting and replicating new ideas and practices takes time considering the diversity and inclusiveness of the CoPCE. But this is how you push members not only to think outside the box, but also to slow down and reflect on what the CoPCE as a whole should prioritise in preparedness and response. Whenever possible, the CoPCE needs to capitalise on common service partnerships with the government and local networks, be more sensitive to the evolving needs of the affected population, and ensure that every intervention is mindful of the cultural and political context affecting or facilitating the recovery of at-risk communities.

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Exploring a strategic partnership to support local innovation
Ian McClelland and Frances Hill

The humanitarian innovation agenda has been broadly top-down to date, focused on improving the tools and practices of international humanitarian actors.[1] Yet this top-down focus too often overlooks the talents, skills and aspirations of people affected by crises. Our experience at Elrha shows that addressing the right problem is key to successful innovation; engagement with people affected by crises is essential for fully understanding problems and the solutions required.[2]

In 2017, Elrha formed a strategic partnership with the Asia Disaster Reduction and Response Network (ADRRN) aimed at overcoming this bias towards international actors by placing engagement with local NGOs and affected communities at the centre of humanitarian innovation. By developing local approaches to innovation, grounding problem recognition and ideation at community level and engaging with a wide range of stakeholders familiar with, and active in, these settings, our partnership aims to find and support solutions developed for, and by, affected communities themselves.

Community engagement is about 'using the most appropriate communication approaches to listen to communities' needs, feedback and complaints, ensuring they can actively participate and guide [humanitarian] action'.[3] For this to be done well, it is best carried out by actors who are most familiar with the

socio-cultural context. The ADRRN comprises a secretariat and more than 50 national NGO members, whose staff have lived experience of the devastation wrought by disasters in the region and have often personally suffered the consequences of inappropriate and inadequate relief efforts. These local actors are the first responders when a disaster strikes, and they remain when everyone else has left.

As told by Jing Rey Henderson, from NASSA/Caritas in the Philippines, who is part of a project supported by the Elrha–ADRRN partnership: 'Imagine yourself having to swim against floods since you were three years old – muddy and murky, raging and angry. Now picture yourself aged five and lining up for food rations during relief operations. It's stressful and demeaning. Then you look at the homeless families and jobless parents after each passing typhoon, with the numbers growing increasingly year after year. Growing up, I told myself I needed to make it different for my children and make it better for others too'.[4]

For the Elrha–ADRRN partnership, then, we see 'community engagement' at two distinct levels. First, the engagement between our partnership and staff of national and local organisations. These staff guide and carry out humanitarian resilience and response activities, and we need to engage with them to ensure that they can actively participate in the humanitarian innovation agenda. This means working with them to think through ways they might improve their resilience and response capacities. At the second level, community engagement means those staff working to ensure that their

1 Triple Line, *The Humanitarian Innovation Fund External Evaluation*, 2017 (www.elrha.org/wp-content/uploads/2017/09/HIF-Evaluation-submitted.pdf).

2 Elrha, *Too Tough to Scale: Challenges to scaling innovation in the humanitarian sector*, p. 25, 2018 (www.elrha.org/wp-content/uploads/2018/10/Elrha-TTTS-A4-FINAL.pdf)

3 IFRC, *Community Engagement and Accountability* (https://media.ifrc.org/ifrc/what-we-do/community-engagement/)

4 J.R Henderson, '#DIGITALPH: A Legacy of the Philippine Catholic Church', Elrha, 2018 (www.elrha.org/hif-blog/digitalph-a-legacy-of-the-philippine-catholic-church/).

envisaged improvements represent the wider needs and demands of their communities.

Through our strategic partnership we're working to bring together local actors, to strengthen partnerships, and to give these actors the time and space to develop innovative ideas. We're aiming to build a community of innovators across the region, with a clear line of sight from local needs to regional and global support, so that those organisations gain improved access to regional and international platforms, and we, as both ADRRN and Elrha, receive feedback and learn how to better support innovation in national and local organisations working across the region.

Establishing the strategic partnership

The role of networks in supporting innovation is well-established, with theorists stressing the dynamic, networked and 'open' nature of the innovation process.[5] Tidd and Bessant have highlighted several arguments for supporting innovation through networks, including collective learning and sharing the costs and risks associated with investments in innovation.[6] Networks also have a key role in spreading and diffusing new ideas and technologies,[7] a key focus of ADRRN's innovation work to date. Drawing on this learning, the Elrha–ADRRN partnership identified four key objectives:

- To support increased understanding of innovation concepts and access to innovation resources and support, including applications to Elrha's Humanitarian Innovation Fund and other international innovation funders, for national and local NGOs in Asia.
- To generate and develop innovative ideas for improving disaster preparedness, response and reconstruction in Asia through the strengthened facilitative role of ADRRN and Elrha.
- To strengthen partnerships with innovation-related initiatives and stakeholders throughout the region, including the private sector, academia, UN agencies, national and local governments and NGOs.
- To generate learning on the innovation funding and management support required by national and local NGOs in Asia, as well as on the effectiveness of a regional partnership approach in promoting and supporting humanitarian innovation.

In the first year of the partnership, activities focused on face-to-face events, including five in-house workshops with selected

An earthquake drill involving 3,000 people in Baseco Baranguay, Manila Bay.
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early adopters of proactive innovation methods from within the ADRRN membership, and a three-day regional workshop in Jakarta. An evaluation of DFID's Humanitarian Innovation Evidence Programme (HIEP) highlighted this as a potentially 'flagship' strategic partnership to 'explore and develop a meaningful model for a regional focus on humanitarian innovation … [and] catalyse an innovation ecosystem in Asia that mobilises NGOs, humanitarian agencies, governments and businesses'.[8]

Engagement with national and local organisations

Three key challenges for our partnership – in navigating between a global charity and a regional network hub, and local organisations across Asia – have been the language of humanitarian innovation, differences in organisational culture, and perceptions of the development–humanitarian divide. First, humanitarian innovation as a broad approach is new to many we have engaged with to date, and feedback suggests that the

5 B. Ramalingam, K. Scriven and C. Foley, *Innovations in International Humanitarian Action*, ALNAP, 2009 (www.alnap.org/resource/5664).

6 J. Bessant and J. Tidd, *Managing Innovation: Integrating Technological, Market and Organizational Change* (London: Wiley, 2011). Cited in K. Scriven, *A Networked Response? Exploring National Humanitarian Networks in Asia* (London: ALNAP, 2013) (www.alnap.org/resource/8662).

7 E. Rogers, *Diffusion of Innovations* (New York: The Free Press, 2010). Cited in Scriven, A Networked Response?

8 Itad, *Evaluation of the Humanitarian Innovation and Evidence Programme (HIEP)*, 2016.

terminology used in innovation discourse is often inaccessible to national and local NGOs, preventing them from actively adopting these concepts.

Much of the literature informing the growth of 'humanitarian innovation' as an area of practice is derived from research on the private sector, starting with Schumpeter's theory of innovation as R&D, before being replaced by more 'open' strategies at the turn of the century 'based on recognition of the fact that the sources of ideas and the drivers of the process have become increasingly diffuse'.[9] But this is not the only way to think about innovation, and other frames of reference, such as '*jugaad*' innovation in India,[10] may provide a basis for a more contextually appropriate vocabulary and approach. Indeed, ADRRN's own work on promoting grassroots innovation largely focuses on identifying traditional knowledge and practices that might be replicated elsewhere.[11]

Although Elrha has always framed innovation as a process first and foremost, we have also faced challenges around subjective understanding of what counts as an innovative solution. For the workshop in Jakarta we put out a 'call for ideas', but struggled to attract what we considered to be viable applications. Without a broad understanding of common practice in the wider humanitarian sector, it was difficult for local innovators to articulate and provide evidence that their idea was innovative in this global context.

Conversely, ADRRN members at the Regional Innovation Forum (RIF) in Bangkok in December 2018 spoke of being intimidated by the term 'innovation', understanding it only in relation to high-profile examples like Plumpy'nut and other technology-based solutions requiring particular expertise. In response to this challenge in understanding, our current activities explicitly put the process of identifying and responding to problems at the centre. In partnership with the Centre for Disaster Preparedness, we recently launched a 'call for problems' in the Philippines, and we're working with eight teams to move through the early-stage innovation process.[12]

Second, the relatively hierarchical organisational structures of most ADRRN members (along with a lack of excess capacity to engage in non-core activities) means that high-level buy-in from senior leadership is required in order to create space for innovation and critical reflection. Research by Elrha and ALNAP

has previously identified that a non-hierarchical culture is key to enabling new ideas to take root, and some of the most significant hurdles faced by innovating teams can lie within their own organisations.[13] For many ADRRN members, then, this requires a longer-term approach to foster dialogue and build trust. To date, ADRRN has facilitated relationships with relative outliers in their membership who have been identified because of their openness and capacity to engage with innovation.

Third, as a global charity that funds and supports innovation, engaging directly with national and local organisations has required us to think more broadly about our selection criteria and the narrow divide between 'development' and 'humanitarian' projects. This reflects one of the top priorities identified at the 2016 World Humanitarian Summit: the need to strengthen the 'humanitarian–development nexus' due to the protracted and cyclical nature of many crises.

At the local level there is no 'nexus' as such, but we, as Elrha, face a need to bridge the gap. At the Jakarta workshop, YAKKUM Emergency Unit, an Indonesian NGO, proposed a project that aimed to utilise climate-adaptive farming techniques to improve yields. Advising them, we were unsure that their application for funding would be viewed favourably by our independent funding committee as its aims were related primarily to sustainable livelihoods. Their final application positioned the project as a response to the risks posed by a slow-onset disaster – and they duly received funding.

Engagement with communities

Our partnership model is partly premised on the assumption that, by having innovation efforts owned in part or whole by national or local actors well-versed in the needs of the community and socio-cultural context, any solutions developed would therefore meet the needs of, and be in demand by, local communities.

Our initial experience, however, echoes findings from research for our Humanitarian Innovation Guide that – even when innovators are part of the community – there is a need to strengthen problem recognition skills to ensure that innovation efforts are addressing real and recognised problems and therefore leading to appropriate solutions.[14] Through workshops and other activities, we came across several examples of solutions that were driven more by perceived opportunities than strong understanding of a problem.

Where there was a solid understanding of the problem, projects still faced challenges in gaining user acceptance. YAKKUM Emergency Unit were awarded funding to work with farmers in Yogyakarta Province to pilot the use of new tools, organic

9 Ramalingam, Scriven and Foley, *Innovations in International Humanitarian Action*, p. 3

10 The Hindi word *jugaad* 'captures the meaning of finding a low-cost solution to any problem in an intelligent way' (http://lexicon.ft.com/Term?term=jugaad-innovation). N. Radjou, J. Prabhu and S. Ahuja, *Juggad Innovation* (San Francisco, CA: Jossey-Bass, 2012).

11 ADRRN, 'Traditional Wisdom of Earthquake Resistant Building Construction in Nepal' (www.adrrn.net/updates/Nepal-Report.pdf).

12 Centre for Disaster Preparedness, *Convening Initiative: Innovation for Earthquake Resilience and Response in the Philippines* (www.cdp.org.ph/hif-call-for-application).

13 A. Obrecht and A. Warner, *More Than Just Luck: Innovation in Humanitarian Action* (London: HIF/ALNAP, 2016) (www.elrha.org/wp-content/uploads/2015/01/hif-alnap-2016-innovation-more-than-luck.pdf).

14 Elrha, 'Help Us to Help You Innovate in the Humanitarian Sector', 2017 (www.elrha.org/news/help-us-help-innovate-humanitarian-sector/).

techniques and drought-resistant seeds. The farmers were initially reluctant to adopt these new organic methods and tools in case it resulted in lower yields. Extensive community engagement was required to persuade an initial group of farmers to use their land for demonstration plots. Once these were established and yields improved using YAKKUM's innovative techniques, the project took off, but that engagement to persuade farmers to take the initial risk required a strong relationship between YAKKUM and the farmers, built on trust.

A second project funded through the partnership has truly been built from the ground up. The DIGITAL PH project (Digitized Community Disaster Risk Mapping and Information for Efficient Humanitarian Response and Development Programming in the Philippines) builds on a comprehensive physical mapping of 176 communities by the communities themselves during the three-year Haiyan recovery and rehabilitation programme. The project aims to digitise these records and enable communities to maintain the information, which is shared in an online database, so it can be used in the event of an emergency to assess needs and respond appropriately.

Ronald Abao, who is part of the project, was inspired by his own experience: 'I am a survivor of the devastation bought about by super typhoon Haiyan in Leyte in November 2013. I experienced lining up for hours just to receive meagre food relief. I experienced walking miles to access government services. When I joined Caritas Palo, I vowed to use every opportunity to ease the burden of my fellow survivors. For weeks, we had to explain to every household that before we could bring aid, we needed to do assessments. This was very frustrating. But I also came to understand and appreciate that, without data, we

cannot provide the most appropriate interventions, and we will not be able to provide long-term solutions to the crisis'.

For many organisations operating solely at the national and local level, innovation is a luxury. Limited resources mean that few can spare the time and staff for something that might not work in practice. If there is truly an international desire for national and local organisations to take on a larger role within the humanitarian system (as articulated through the Grand Bargain), they must be given the operational space and funding to develop their own innovative programmes. Yet our discussions with participants at several workshops over the last 18 months have highlighted how many local organisations are too reliant on restricted project funds and sub-contracted work from international agencies, and lack the staff and time to look beyond day-to-day operations in order to invest in innovation.

These transactional 'partnerships' (not fully partnerships in the true sense – but often referred to as such), based on sub-contracted work and unbalanced power relationships, are frequently detrimental to innovation within the humanitarian space, and yet dominate at the local level. Although we are making progress in this initiative, our work on innovation with ADRRN members will remain a luxury until international–local partnerships become more 'transformative' in nature, meaning that the balance of power is spread across the partnership, funding is consistent and longer term, and local organisations are better positioned to lead innovation efforts.

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Voices rising: how two call centres are elevating the accountability conversation in complex crises
Charlotte Lancaster

The Iraq IDP Information Centre (Iraq IIC) and Awaaz Afghanistan (Awaaz) – implemented by UNOPS on behalf of the Humanitarian Country Team (HCT) and funded by a range of UN and international donors – were established to fill a well-documented gap in community engagement in the humanitarian response in Iraq and Afghanistan. Using toll-free call centres, both countrywide platforms enhance two-way communication to promote transparency, participation and informed decision-making through the simple yet powerful act of relaying information. The Iraq IIC has handled more than 210,000 calls since it took its first in June 2015, while Awaaz dealt with more than 37,000 calls in its first six months of operation following its launch in 2018.

Established with similar project structures, both centres record data on needs and issues captured during calls. The data is shared with partners for action – whether supplying information,

conducting a field-based assessment, feeding information into high-level advocacy or incorporating feedback into strategic planning. The reporting products of both centres are used to validate data from other sources, inform messaging and policy and provide insights into realities on the ground. The centres ensure loop closure (an important part of the accountability process) by relaying updates back to the caller until satisfaction has been achieved – or expectations have been managed.

Strengthening accountability

Referral pathways, which provide technical guidance on how cases are referred, are key to the success of such centralised accountability mechanisms. The protection referral system is more robust in Iraq than in Afghanistan, where the overall architecture for accountability to affected populations needs strengthening. Awaaz is playing a formative role in the creation of these referral path-

An Awaaz operator handling calls.

© Awaaz

Box 1: Capturing allegations of sexual exploitation and abuse

The Iraq IIC captures allegations of sexual exploitation and abuse (SEA) through a unique form to which only the operator handling the call and the prevention of sexual exploitation and abuse (PSEA) focal point have access. Once the operator recognises the call to be an allegation of SEA, they inform the caller of the UN's obligation to report the allegations, share healing messaging and secure informed consent before proceeding. Once the case has been recorded, the PSEA focal point forwards the case to the PSEA Taskforce, which forwards the case to the relevant agency, if known. If the agency for which the alleged perpetrator works is not known, the PSEA Taskforce forms a panel to identify how best to take the case forward.

ways. The Awaaz 'ripple effect' has led to partners establishing or strengthening complaints and feedback mechanisms and standard operating procedures, commonly in consultation with the centre. Awaaz has also played an important role in the establishment of the Afghanistan Community Engagement Working Group, which provides technical, strategic and coordination guidance on community engagement in the country.

Awaaz is driving the conversation on the collective prevention of, protection from and response to sexual exploitation and

abuse in Afghanistan. In Iraq, the Iraq IIC is the Prevention of Sexual Exploitation and Abuse Taskforce's centralised reporting mechanism within the country – it is commonly cited by protection partners (both in Iraq and Geneva) as an example of best practice in inter-agency referral of these cases. In Afghanistan, Awaaz is supporting the reinvigoration of collective efforts to prevent and respond to sexual exploitation and abuse by, for example, working with partners to highlight the strategic-level coordination need for a centralised reporting and referral mechanism.

Data protection

Dealing with such sensitive data requires robust data protection policies in line with global standards. Awaaz's policy, accompanied by a data protection impact assessment, ensures that the data rights of callers are prioritised, with clear guidelines on the different levels of consent (implicit and explicit) and the right of the caller to withhold or withdraw their information. Between 1 June and 31 December 2018, 29 Afghans exercised their 'right to be forgotten', with Awaaz deleting their cases from the system accordingly.

Complementarity and communication

As collective accountability mechanisms, the centres do not replace or duplicate existing agency-specific accountability pro-cesses. Instead, they support them in different ways – for example, by referring people to the correct hotline, by classifying needs prior to referrals and by acting as an alternative communication channel to report complaints and feedback. Further, the centres can host multiple lines, allowing the World Food Programme, for example, to host its refugee line in the Iraq IIC.

The centres use different tools to tap into different com-munication channels, such as phone, SMS and online forms, to promote information exchange with different segments of affected populations. Both centres are seeking to expand their communication platforms to include tools such as WhatsApp, social media messaging, automated voice messaging and – possibly – chatbots. These additional tools will help deliver smarter, better and faster services, while opening up alternative streams for people to contact the centres.

Community outreach

In Iraq and Afghanistan, the majority of mobile phone owners and users are adult males. This makes raising awareness of both centres' short-code numbers and ensuring they are accessible to everyone – especially the most vulnerable and marginalised – a challenge. Utilising multiple communication channels helps to mitigate this issue and ensure access to information for people living in hard-to-reach areas, and people whose access may be restricted by cultural norms. In 2018, females accounted for 20% and 32% of people calling Awaaz and the Iraq IIC, respectively. For Afghanistan, this is a significantly higher proportion than 7%, the average number of females who participate in assessments.

Box 2: Capturing allegations of sexual exploitation and abuse

- Only those with access to a mobile phone can call.
- Incoming calls are not household surveys – they represent self-reported needs.
- The centres cannot verify information – they act as an information relay mechanism, passing information to partners for verification.
- Closing the loop: not all callers will be satisfied with the response of the partners, for instance if lack of resources affects response capacity.
- Callers may not be able to identify the agency against which they wish to make a complaint or provide feedback.
- Effectiveness can only be measured in areas where the Iraq IIC and Awaaz have outreach.

The Iraq IIC and Awaaz are largely dependent on partners to distribute publicity material across the country through their field networks. A key focus of the outreach strategy for both centres is to educate field actors on their services and how they can support the work of humanitarian partners. For example, if a partner specialised in water services comes across a survivor of domestic violence and is unsure how to refer the case, they can simply refer them to the call centre. This outreach collaboration enhances access to services and an inter-agency spirit. It also saves on costs.

To expand on this collaboration, the Iraq IIC hired an Arabic- and Kurdish-speaking Community Engagement Officer in 2017 to travel to the governorates to raise awareness of the centre among both affected populations and humanitarian actors. Even so, visibility in central and southern regions of Iraq remained weak. After securing additional funding, a second Community Engagement Officer based in Baghdad was hired to focus on these underserved areas in 2018, resulting in an increase in interactions with Iraqis in this region. Due to the travel and cultural restrictions facing women in Iraq, these officers are male. To reach women, the officers conduct training with local non-governmental organisations, which then interact with women on their behalf.

Information exchange

In a context such as Afghanistan, where the lines between humanitarian and development spheres are blurred – especially for callers – it is a challenge to ensure the right actors and coordination bodies are receiving relevant information in digestible formats that they can action. This is done through a range of communication streams depending on the urgency of the caller's need and the frequency of interactions between the centres and partners.

Funded collaboratively by individual UN agencies at the start, and then more commonly by pooled funds (managed by the UN Office

for the Coordination of Humanitarian Affairs (OCHA), the European Union and the United States) as the centres mature, both the Iraq IIC and Awaaz strive to lead by example in terms of sharing information; collective information-sharing on feedback will lead to stronger, more relevant responses. The bird's-eye view afforded by a countrywide centralised communication point allows both the Iraq IIC and Awaaz to capture needs from across the country, regardless of location or targeting criteria. Communicating cross-cutting priorities through online dashboards, tailored datasets and presentations at coordination meetings with top UN and NGO officials in the country, both centres complement the upward flow of information by communicating directly to international donors via regular briefing sessions on needs as reported by affected communities. It is a fundamental operational feature of – and necessity for – both centres to share information through different streams.

The Iraq IIC and Awaaz face different challenges as they operate in different contexts. The Iraq IIC is learning how to evolve and maintain relevance as the landscape – and funding priorities – shifts from emergency humanitarian response to early recovery and longer-term response. For its part, Awaaz launched in a country simultaneously facing emergency and development issues. In both countries, the centres are demonstrating the unique power of community engagement in connecting humanitarian, development and peacebuilding efforts.

Senior leadership support

Senior leadership buy-in is crucial to the success of collective accountability mechanisms – until accountability is absorbed into every aspect of the programme cycle, it often remains a top-down commitment. The establishment of the Iraq IIC was endorsed by the Humanitarian Country Team and benefited from high-profile visits by the Humanitarian Coordinator, the High Commissioner for UNHCR and the country heads of funding partners operating in Iraq.

One of the most senior officials in Afghanistan, the Humanitarian Coordinator, officially opened the Awaaz launch event, showing strong support for the project. The Afghanistan 2019 Humanitarian Needs Overview, which informs the 2019 updated strategic Humanitarian Response Plan 2018–21, includes data analysis on priorities as reported through Awaaz.

Stakeholder management

While commitments by UN Secretary-General António Guterres on accountability take effect, community engage-ment waits to be fully integrated into the programme cycle. This exacerbates two main challenges for both the Iraq IIC and Awaaz: stakeholder management and information exchange. Building, maintaining and advancing relationships in a project with a range of stakeholders with varying levels of interest and influence (affected populations, government, individual agencies, clusters, non-governmental coordination forums, etc.) is an ongoing challenge. It requires a solid

Box 3: Overview of figures for Awaaz Afghanistan: 28 May–31 December 2018

Total number of calls: 37,538

Gender and age breakdown of calls:

% of total number of calls – adult female (18 years and above)	16%
% of total number of calls – adult male (18 years and above)	70%
% of total number of calls – female child (17 years and below)	4%
% of total number of calls – male child (17 years and below)	10%

Top three caller locations:
1. Kabul — 31%
2. Hirat — 13%
3. Nangarhar — 11%

First-call resolution rate: 94%
Total referrals (information request, processing complaints/feedback) shared with partners: 333

Top three referrals (information request, processing complaints/feedback) to partners by sector:
1. Protection: — 27%
2. Food security and agriculture: — 20%
3. Emergency shelter and non-food Items: — 17%

% partner response rate on shared referrals: 76%

% of callers Awaaz called back to close the loop: (74% answered the phone) — 100%

communications management strategy supported by a team resilient to criticism and receptive to innovation.

Challenges

Working in rapidly changing and complex contexts, the centres are exposed to manipulation by callers motivated by personal or political gain. With the Iraq IIC and Awaaz unable to verify information, the onus is on response partners – this is particularly true in Afghanistan – to remain savvy to agendas within their respective contexts.

Applying lessons from Iraq, Awaaz established standards for partner engagement from the outset, allowing the centre to stipulate that partners provide feedback to referrals. This has resulted in a relatively high partner response rate to referrals from Awaaz (above 70%), compared to Iraq, which introduced partner engagement expectations at a later stage in the project

cycle and, therefore, has lower response rates (below 40%). In 2018, Awaaz included a page on partner responsiveness on its dashboard, a key indicator of community engagement and accountability; the Iraq IIC added a similar page shortly afterwards. To demonstrate that feedback is the basis for action and to build trust among affected populations, Awaaz circulates data on partner response rates back to communities through radio spots and newspaper ads.

Partner response rates can be influenced by personal inter-pretation, and varied commitments to accountability and/or capacity to respond will affect the amount and value of information being fed back to the centres. As part of a 2018 evaluation of the Iraq IIC by Proximity International, stakeholders identified that bottlenecks hampering the effectiveness of the centre largely sit outside of its control. This includes the varied capacities of partners to provide timely information, follow-up on referrals and report back to the Iraq IIC on action taken.

Accountability appreciation

Both projects have benefited from a maturing appreciation for and understanding of accountability to affected populations, not only at the national level but also globally. Although there was some scepticism around the Iraq IIC, once it demonstrated that a common service accountability mechanism can add value to humanitarian response – at an agency-specific and collective level – and can influence strategic planning, initial doubts were overcome.

By comparison, Awaaz not only benefited from launching after the World Humanitarian Summit, which advanced the accountability to affected populations agenda at a global and national level, but also from having Iraq as a prototype. It is much easier to sell a product that already exists than to sell a concept with no proven worth.

This is especially true in resource mobilisation. The Iraq IIC struggled with short-term, rigid funding cycles, which eased after its first year and continues to ease with every year as it becomes a more permanent fixture within the humanitarian architecture. Again, Awaaz was able to draw on the experience of its elder sister in Iraq, securing initial funding that was longer-term and more flexible – allowing the project to plan, develop and discuss expansion plans at a much earlier stage than its Iraqi counterpart.

Trust

Operating in complex crises, the Iraq IIC and Awaaz have navigated challenging environments to build centres that provide a unique service to populations affected by conflict and/or natural disaster, and those there to serve them. How this service grows in the future depends on building trust between affected populations and service providers.

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The language factor: lessons for communication and community engagement from Translators without Borders' experience

Mia Marzotto

Communicating in the right language and format is critical to the success of any humanitarian response. The stakes could not be higher. People who don't understand or speak the language used by humanitarians in a given context are disadvantaged and exposed to greater risks. Humanitarian operations are less effective as critical information is lost in translation and limited resources are wasted. Getting the language factor right improves not only communication and community engagement, but also access to services, needs analysis and accountability.

In the aftermath of the 2010 Haiti earthquake, over-reliance on international languages (English and French) and a lack of translation were identified as a 'perennial hidden issue'.[1] Since then, humanitarian organisations have explored new initiatives to communicate with affected people in relevant languages. Key frameworks and commitments now recognise the role of languages in communication and community engagement.[2] Yet operationally, language as a key component in communications is still too often an afterthought, and few organisations have dedicated resources for language support. This is a problem especially for speakers of marginalised languages, who usually make up a significant portion of the at-risk or crisis-affected population. As a result, they are not always able to receive information from and communicate with humanitarians.

This article reflects on the experience of Translators without Borders (TWB) in the 2014–15 Ebola outbreak in West Africa and the European refugee response from 2015. It also draws on our ongoing experience in the Rohingya refugee response and the internal displacement crisis in north-east Nigeria. The central lesson is that addressing language barriers is both essential and possible. It implies mobilising resources for language support and capacity-building, assessing needs and preferences and developing open resources and tools. In turn, those actions can ensure meaningful communication and community engagement.

Replacing unsafe assumptions with language support and data

Two potentially dangerous assumptions about language prevail in many responses. The first is that local colleagues do not face language barriers and can take responsibility for meeting language needs when necessary. But both international and local staff can face language problems. For example, displaced people in north-east Nigeria speak more than 30 languages. However, most humanitarian organisations rely on core national staff who are predominantly English, Hausa and to a lesser extent Kanuri speakers. TWB's research found that interviews with internally displaced people often entail a four-stage translation between English, Hausa, Kanuri and a local language – and back again.[3] The result is slow planning and implementation, and unknown levels of information loss. Language is also a barrier when staff do not understand complex humanitarian terms and concepts in English. During TWB workshops with data collectors in north-east Nigeria, one group understood as few as 35% of the key terms they were being asked to interpret during surveys. This raises concerns about the accuracy of the data on which response plans are built.

The reality across humanitarian responses is that local staff carry the burden of multilingual communication with little or no support, and often outside their agreed job description. Effective alternatives include hiring vetted, trained translators and interpreters, offering language skills training and developing glossaries of key terms in relevant languages. Training affected people in translation and interpreting can also help overcome language barriers, and promote their active participation in response and recovery efforts.

The second assumption is that all affected people will understand the national or regional language or lingua franca, such as Hausa in north-east Nigeria. Information on the languages people speak and understand is largely unavailable at the level of detail needed for humanitarian planning. Aid organisations do not routinely collect this data – and when they do they rarely share it. As a result, responders too often use a language that many affected people don't understand. Testing comprehension of simple content in four responses, we found that the language in which information is provided is of critical importance. Most respondents prefer to receive information in their mother tongue; English or another lingua franca is not seen as an adequate alternative. It is not safe to assume a person's linguistic ability based on his or her country of origin. In Italy, for example, TWB found that humanitarian organisations rarely collect data about which languages refugees and migrants actually speak and understand. Instead, they use country of origin as a proxy for mother tongue. Yet most migrants in recent years have come from linguistically diverse countries, including Nigeria, which is home to over 500 languages. Without a reliable indicator of the languages

1 Harvard Humanitarian Initiative, *Disaster Relief 2.0: The Future of Information Sharing in Humanitarian Emergencies*, 2011 (https://issuu.com/unfoundation/docs/disaster_relief20_report).

2 See, for example, the Core Humanitarian Standard on Quality and Accountability (https://corehumanitarianstandard.org/the-standard) and the Grand Bargain commitment to a 'participation revolution' (https://interagencystandingcommittee.org/grand-bargain-hosted-iasc).

3 *Translators without Borders, Language Barriers in the Humanitarian Response in North-eastern Nigeria*, July 2017 (https://translatorswithoutborders.org/wp-content/uploads/2017/04/Language-barriers-in-the-humanitarian-response-in-north-eastern-Nigeria).pdf).

affected people speak, humanitarians are ill-equipped to communicate with those they aim to help.

Thanks to the data collection capacity of the humanitarian sector, that problem is relatively easy to solve. The fastest way to identify language needs is for humanitarian organisations to include a few key questions in their standard assessments or household surveys. REACH and the Inter-Agency Standing Committee (IASC) Task Team on Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse offer useful guidance on such questions.[4] This data should be collected and published, with the necessary safeguards to avoid exposing affected people to risk.

In July 2017, regular International Organisation for Migration (IOM) Displacement Tracking Matrix surveys in north-east Nigeria began including key information on language and communication at site level. Now service providers in the area can consult that data on TWB's Communications Dashboard.[5] This identifies key factors such as the primary language of site residents and their preferred format of communication. This is a big step forward for planning communication with internally displaced Nigerians at these sites.

Communicating with individuals, not a community

No community is homogenous, meaning that there can be no one-size-fits-all solution for communication and community engagement. Language can compound communication challenges and increase people's vulnerability to the impact of disasters and other crises. As a result, the people who most need to make their voices heard in an emergency are often the hardest to reach. For example, research on the 2014–16 Ebola outbreak in Liberia and Sierra Leone indicates that women initially died in greater numbers than men.[6] This was in part due to their inability to access critical information. An early shortage of information material for non-literate audiences and in local languages left them in deadly ignorance. Similarly, TWB's research in north-east Nigeria shows that current

Isa Saleh Mohammed (TWB Trainer) conducting comprehension research, GGSS camp, Monguno, Borno State, Nigeria.
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4 See https://interagencystandingcommittee.org/system/files/reach_iasc_aap_psea_task_team_menu_of_aap_questions_for_needs_assessments_june_2018.pdf.

5 See https://translatorswithoutborders.org/communications-dashboard-internally-displaced-people-in-north-east-nigeria/.

6 ACAPS, *Ebola Outbreak: Liberia – Communication: Challenges and Good Practices*, April 2016 (www.acaps.org/special-report/ebola-outbreak-liberia-communication-challenges-and-good-practices); ACAPS, *Ebola Outbreak: Sierra Leone – Communication: Challenges and Good Practices*, April 2016 (www.acaps.org/special-report/ebola-outbreak-sierra-leone-communication-challenges-and-good-practices).

humanitarian communication practices favouring Hausa and Kanuri disadvantage minority language speakers, particularly less-educated women.[7]

Communicating in simple, jargon-free language is an important first step to reaching these vulnerable groups. Plain-language content also reduces the risks of mistranslation and inconsistency between languages. This is important for humanitarian staff in our multilingual sector too: a TWB/IASC plain English version of the core principles on preventing sexual exploitation and abuse is helping to ensure that aid workers understand the rules.[8]

The channel of communication used (bulletin board, radio, SMS) also affects who can access information and communicate with service providers. In many societies, women, older people and people with disabilities have less access than others to digital technology, radio and television broadcasts or public meetings. By understanding those constraints, humanitarians can identify the right channels for a given target group. The right mix of language and format then promotes comprehension. In north-east Nigeria, TWB found that, while audio messaging in either Hausa or Kanuri was most effective, comprehension of written information increased significantly when text was accompanied by a picture.[9] Furthermore, research indicates that even people with limited literacy skills might want written information, such as illustrated leaflets.[10] Audio content is most widely understood, but simple text or graphics offer a more permanent record for information retention and later reference.

Alongside access and comprehension, language is bound up with another powerful factor in effective communication: trust. Trust may determine whether information is openly shared and properly acted upon. A shortage of female interpreters with the right languages can prevent women and girls from reporting abuse and accessing support.[11] An interpreter speaking the language of a government accused of repression may not be the right person to help asylum-seekers present their case to a host country.[12] More broadly, when a dominant language is spoken by humanitarians and other service providers and not universally understood, this can reinforce existing power dynamics and further marginalise vulnerable groups.

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7 TWB, *The power of speech*, July 2017 (https://arcg.is/01qeHC).

8 See https://drive.google.com/file/d/1A72OXTkLwJm9bt-aSKRbv71fOCGHpzE6/view.

9 TWB, *Girl Effect and Oxfam, Language Profile of Five IDP Sites in Maiduguri, North-east Nigeria*, July 2017 (https://translatorswithoutborders.org/wp-content/uploads/2017/04/Language-profile-of-five-IDP-sites-in-Maiduguri.pdf).

10 TWB and Save the Children, Language and Comprehension Barriers in Greece's Migration Crisis, June 2017 (https://translatorswithoutborders.org/wp-content/uploads/2017/07/Language-Comprehension-barriers.pdf).

11 TWB, *Putting Language on the Map in the European Refugee Response*, September 2017 (https://translatorswithoutborders.org/wp-content/uploads/2017/04/Putting-language-on-the-map.pdf).

12 Ibid.

To meet the communication needs of the widest possible audience, humanitarians must first understand how those needs differ between sections of the population. With that knowledge they can then gear their language, formats and channels to those groups that are hardest to reach. A range of local languages and a mix of formats and channels will probably reach furthest and provide the most opportunities for people to triangulate information and respond. At a minimum, the use of plain language and audio or visual formats expands access to non-native and non-literate groups.

The value of a common approach and shared language resources

Poor coordination can leave affected people picking their way through a mass of humanitarian information from multiple sources. This makes it hard to find the specific information they need or know which version of the facts to trust. Uncoordinated communication also makes it less likely that translations into local languages will be consistent, clear and reliable. For example, in the Rohingya response a lack of coordinated emergency warning messaging in relevant languages and formats led to confusion when the 2018 monsoon season began.[13] According to a recent evaluation, the Rohingya community in Bangladesh feel they have enough information on health, safety and security, but not about keeping their family safe during heavy rainfall.[14] Low literacy

Box 1: Where to start

Overcoming language barriers in a humanitarian response can be complex. Yet there are three key components that any aid organisation should be able to apply:

1. Collecting language data as part of regular household needs assessments as a basis for developing workable and effective communication strategies.
2. Building language support such as interpreting, translation and terminology development into programme plans, budgets and training needs assessments.
3. Ensuring information materials are clearly and simply worded for the widest possible comprehension, and developed in coordination with other responders.

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13 Strategic Executive Group, *Joint Response Plan for Rohingya Humanitarian Crisis March–December 2018 – Mid-Term Review* (www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2018_jrp_mid_term_review_v28.pdf).

14 Nicola Bailey et al., *How Effective Is Communication in the Rohingya Refugee Response?*, September 2018 (http://downloads.bbc.co.uk/mediaaction/pdf/research/rohingya-research-report.pdf).

levels and a shortage of skilled humanitarian interpreters are part of the challenge.

To support community engagement efforts, a collaboration between BBC Media Action, Internews and TWB has contributed common service tools and activities to help aid organisations communicate better with the affected population.[15] Ensuring relevant content is available in the Rohingya language is a critical component.

The TWB Glossary for Bangladesh and related socio-linguistic guidance are also supporting responders, especially when translating humanitarian terminology. The use of technical terminology that is not readily conveyed in local languages can cause confusion and misunderstanding. For example, TWB's research in Cox's Bazar found 'violence against women' translated as 'violent women'. In north-east Nigeria, 'safe space' was understood as 'a space protected by guards'. Glossaries can help humanitarians use consistent, accurate and easily understood words, and produce relevant communication materials in local languages.

When resources are scarce, it makes sense to build a library of materials in the right languages that all service providers can draw on. This can also contribute to the use and usefulness of language technology in humanitarian crises. It can help build the capacity of machine translation in voice and text in those languages, and encourages humanitarian tech developers to integrate language technology into their tools. In time, that capacity will allow speakers of marginalised languages to have conversations with responders and access the information they want directly, and in their own languages.

Challenging the current approach

It is within the grasp of every humanitarian organisation to improve how they address the language factor. As a fundamental component of effective and accountable action, it is also within everyone's remit. Yet shifting the responsibility onto unsupported national staff remains common practice, as does the use of jargon and written complaints mechanisms in non-literate communities. Are we ready to make effective multilingual communication the default approach in humanitarian action?

Mia Marzotto is a Senior Advocacy Officer at Translators without Borders.

15 Ibid.

Bringing community perspectives to decision-making in the Ebola response in the Democratic Republic of Congo

Ombretta Baggio, Cheick Abdoulaye Camara and Christine Prue

The Ebola outbreak in North Kivu and Ituri provinces in the Democratic Republic of Congo (DRC) has led to 668 cases and 410 deaths since August 2018,[1] making it the worst in DRC's history. Decades of armed conflict, thousands of people displaced, violence, insecurity and a dense and mobile population have made the response to the outbreak particularly challenging and complicated.

Ebola provokes fear in communities due to the severity of the symptoms, misunderstanding of the causes, the high number of deaths and control measures that are often perceived as intrusive and interfering with local social, cultural and religious practices.[2] Misinformation, mistrust of outsiders and conspiracy theories have spread quickly across North Kivu and Ituri. Communities have expressed a rational distrust born of decades of violence and displacement, along with unfamiliarity with the disease and with response activities.[3]

Research during the 2014–16 West Africa Ebola epidemic revealed a range of challenges in bringing important sociocultural, economic, and political factors to the attention of leaders of the response and help them effectively engage communities to address the threat.[4] These include: quality – using robust methods for collecting, analysing and translating qualitative insights, with a focus on actionable and relevant information; speed – gathering and reporting insights in a timely manner so information can be used to shape decisions; and use and usability – getting insights to the right people in formats that they can use in the midst of an outbreak, when information overload is common.

Global coordination for local action

Engaging communities is essential to ensure effective risk communication and collaborative action. Since the onset of the outbreak partners including the International Federation of Red Cross and Red Crescent Societies (IFRC) and the US Centers for Disease Control and Prevention (CDC) have been coordinating and supporting risk communication and community engage-

1 As of 16 January according to World Health Organisation (WHO) data.

2 Petra Dickmann, 'Using Lessons Learned from Previous Ebola Outbreaks to Inform Current Risk Management', *Emerging Infectious Diseases*, 21(5), May 2015.

3 S. Ranu et al. 'Community Trust and the Ebola Endgame', *New England Journal of Medicine*, 373(9), July 2015.

4 S.A. Abramowitz et al., 'Lessons From the West Africa Ebola Epidemic: A Systematic Review of Epidemiological and Social and Behavioral Science Research Priorities', *Journal of Infectious Diseases*, 218(11), 20 October 2018.

Figure 1: Red Cross teams in Béni, Butembo and Mangina
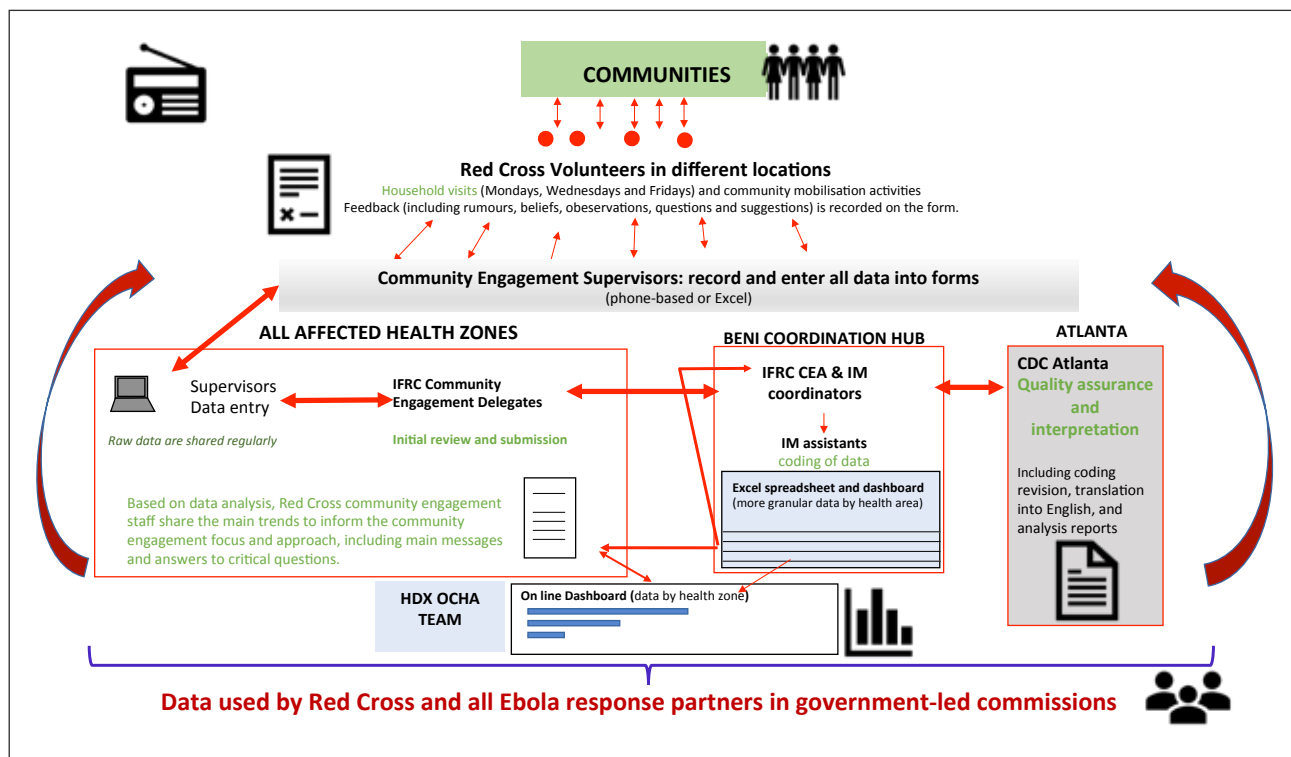
ment (RCCE) efforts led by the DRC government with support from the World Health Organisation (WHO) and the UN Children's Fund (UNICEF). The Red Cross has an important role in community engagement and safe and dignified burials. CDC provides analytical and strategic support for many aspects of the response, including RCCE. Together, the Red Cross and CDC have developed a new method to collect, analyse and share community members' perspectives about Ebola, and the response to it.

Rapid and regular collection of community perspectives and social science analysis can help inform responders about community concerns, priorities and needs at all stages of the response. The Red Cross regularly shares its community feedback analysis with government-led communication commissions in all outbreak locations. The analysis provides a unique opportunity to guide partners on developing community engagement approaches that address localised 'epidemics' of fear and mistrust.

From local volunteers to social science experts: methods and activities

In mid-August, Red Cross volunteers began to capture community feedback during routine health promotion activities. The CDC provided support to rapidly analyse and report results. IFRC and CDC progressively refined these processes, balancing methodological rigour with the need for clear and interpretable presentation of information, and a rapid turnaround time.

To date, over 360 Red Cross volunteers have responded to the outbreak within their own communities in safe and culturally-appropriate ways that respect local traditions, while also seeking

to change entrenched unhealthy behaviours. Volunteers use dialogue with community members to reduce anxiety and fear and address stigma, rumours, different cultural perceptions[5] of the disease and critical questions.[6] During house visits and community meetings, volunteers capture concerns, rumours and questions using paper forms.

This information is reviewed and the data entered in Excel spreadsheets. Data includes the date, location, health zone and any comments. Volunteers have also started to include instances where health promotion activities have been refused. Red Cross teams have been trained to use a CDC/IFRC data coding system which offers illustrative examples of codes for five types of information: rumours, beliefs and observations; questions; suggestions/requests; refusals; and statements of appreciation or thanks. In addition, IFRC and CDC have developed quality assurance protocols to ensure adherence to the coding system, as well as revisions to it to reflect new ideas. The Red Cross sends data to CDC on a weekly basis for analysis and interpretation.

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5 Illustrative feedback comments from the latest data collected on 10–21 December in Komanda, the latest affected health zone in Ituri: 'But we consider this disease as a weapon of war and a satanic disease'; 'It's the end of the world, it comes from the devil'; 'Ebola is a purely satanic disease, imported like AIDS'; 'Ebola is a disease that comes from the second world or is brought by demons'; 'It's witchcraft'.

6 Illustrative questions from the latest data collected on 10–21 December in Katwa: 'Where is the Ebola vaccine made so that it's not for everyone like any other vaccine?'; 'Is it true that people leave the ETC cured?'; 'Why are more women infected than men?'; 'In relation to other diseases with the same signs, how can we distinguish the signs of Ebola which has the same signs as other diseases?'.

Red Cross volunteers in DRC conduct contact tracing, alert communities and refer suspected Ebola cases to hospitals.
© IFRC

Initially, the Atlanta-based CDC team translated the comments from French to English and coded them. More recently, Red Cross staff have been coding the data, with CDC staff reviewing and revising codes as needed. Once codes are finalised, overarching themes are identified, graphs developed and quotes selected to illustrate the predominant themes. This information is prepared in PowerPoint presentations for each health zone.

The presentations are shared with the local government-led risk communication commissions and Ebola response leaders as well as regional and global partners, to inform strategic discussions and decisions. Every Sunday, the IFRC team also prepares more localised Excel pivot tables with rapid feedback analysis of the previous week's data by health area to inform the Monday meetings of the sub-commissions. Efforts are under way to improve localisation of processes and build the capacity of local staff and volunteers in data analysis. To date, Red Cross volunteers have collected 70,000 pieces of feedback data (since August) from community members in 12 affected health zones, including Beni, Butembo, Mabalako, Katwa and Komanda.

Taking action on community insights

Near real-time data collection can offer insights on many cultural and contextual factors that could help or hinder a response and guide frontline workers' dialogue with communities. Throughout the response, many have expressed the belief that Ebola does not exist, has supernatural origins (e.g. demonic or witchcraft) or has been created by politicians, in order to influence elections, or by foreigners or non-governmental organisations, in order to make money. Many people also ask why Ebola is getting so much attention when there are other serious threats, including malaria and ongoing conflict and violence. At the beginning of the outbreak there were many questions about where Ebola came from, the reasons for its spread and how to prevent and treat it. As response efforts ramped up, questions shifted to different activities including vaccines, diagnosis and treatment and safe and dignified burials. As the use of ring vaccination[7] and medical treatment increased, communities questioned why these interventions were not made available more broadly. Community members offered suggestions for expanding their use (e.g. vaccinating everyone or vaccinating pregnant and breastfeeding women) or improving them (e.g. including family members in burials and involving local healthcare providers in the response). Community members also asked for resources such as wash basins, soap and disinfectants to help them prevent the spread of the virus. Over time, community members have expressed gratitude for the response, along with calls for an end to the outbreak as soon as possible.

7 See www.who.int/ebola/drc-2018/faq-vaccine/en/ for more information on ring vaccination.
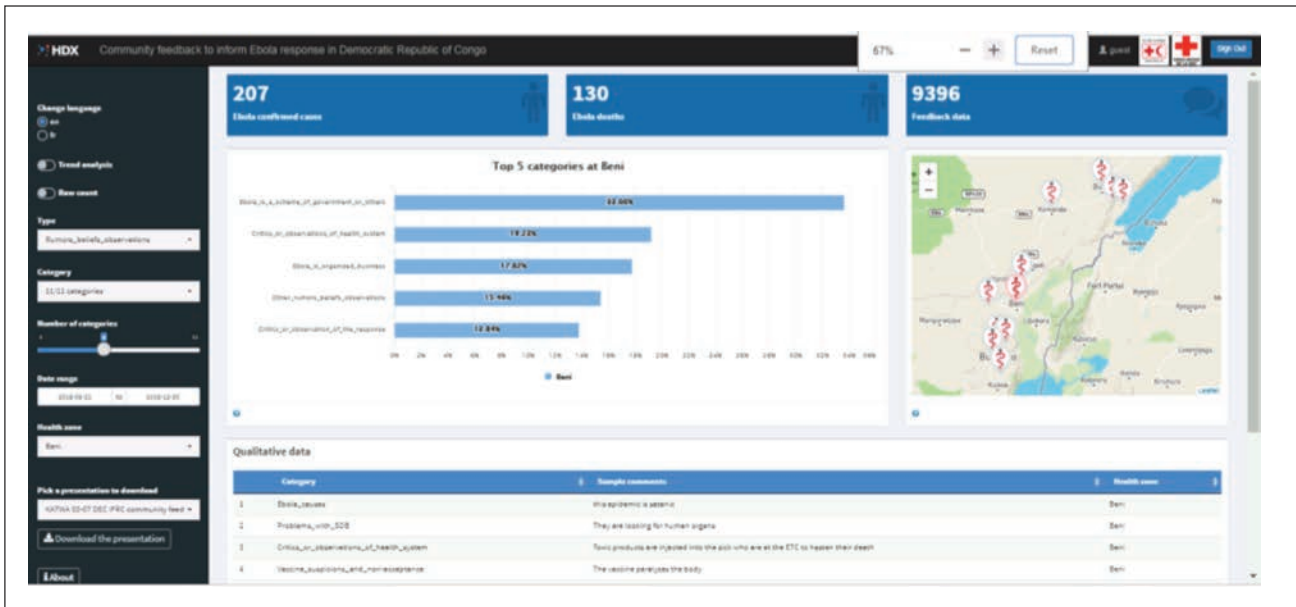
Below are four examples of how feedback can guide local action:[8]

- Early community feedback suggested a widespread perception that family members were not being invited to participate in the burial process.[9] The Red Cross safe and dignified burial protocol has been revised to respond to cultural needs and community feedback. Community engagement volunteers focus on explaining the procedures before the team arrives, and family members are given the opportunity to dress in protective gear and join the burial team through the burial process. These changes have increased acceptance of safe and dignified burial, and over time fewer concerns have been raised.
- Comments received about family members' need for visual confirmation that their loved one was in the body bag led the Red Cross to acquire transparent bags. Using transparent bags may also help address perceptions that the bags are filled with rocks or dirt because body parts have been removed and sold.
- In several communities, there were widespread and dominant negative sentiments around Ebola Treatment Centres (ETCs), specifically that when sick people enter one they always die or, worse, that they are killed by suffocation in mortuary bags or injected with poison. These findings have prompted several strategies including guided tours of ETCs for community members and leaders, as well as

testimonials from people who survived an infection with Ebola after receiving care at an ETC.
- Feedback data has guided dialogue sessions conducted by frontline workers and volunteers in communities in Butembo and Katwa, the most recent epicentre, where rejection of response teams, including some violence directed at frontline workers, is highest. Dialogue is helping to build trust and acceptance and ensure access.

This collaborative approach to gathering, analysing and sharing community feedback in the context of an outbreak response has prompted the development of tools for accurate, rapid qualitative analysis (standard operating procedures, reporting forms, a codebook and dataset) and interactive dashboards (the IFRC pivot table), including an online dashboard supported by the Humanitarian Data Exchange. If used regularly, these tools can inform the work of frontline staff and volunteers and support leaders in implementing response activities that incorporate community perspectives.

Local challenges: how hard is it to change how we work?

Gathering, analysing and interpreting thousands of community members' perspectives is hard work. However, the greatest challenge has been ensuring that local feedback regularly informs higher-level strategy and decision-making to contain the outbreak. At least four reasons may be at play:

1. Qualitative versus quantitative: qualitative insights may be perceived as less credible by leaders who have more trust in quantitative research methods.
2. Action-oriented coordination approaches: community feedback offers critical information that can shape the work of every response team. However, it is often perceived as only useful to communication and com-

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8 J. Bedford at al., *Social Science and Behavioural Data Compilation –* November 2018, UNICEF, IDS and Anthrologica (https://opendocs.ids.ac.uk/opendocs/handle/123456789/14144).

9 October community feedback in Butembo: 'Currently cement is being buried instead of the person'; 'The Red Cross spreads the epidemic [through safe and dignified burials]'; 'The Red Cross does not involve the families [in burials]'.

munity engagement teams. There is a need to shift to problem-solving fora across response teams using many different types of data in their discussions (e.g. epi data, community feedback data) in a way that fosters productive discussions about what could be done better or differently, rather than limiting coordination approaches to largely information-sharing fora.

3. Safe and timely access: ongoing high insecurity due to the conflict limits our capacity to guide and shape community action based on the feedback data. Training and accompanying frontline workers and volunteers in unsafe areas remains challenging.

4. Characterising responses and reflecting on responsi-bilities: often, difficulties in humanitarian or outbreak response efforts are blamed on the community (e.g. community resistance), when humanitarians should perhaps be reflecting on whether our approaches are appropriate or need to be revised to make them more acceptable to the community.

Conclusion

Community-based solutions to beat Ebola in the DRC must be at the forefront of the response. Evidence shows that local practices and beliefs are not static but shift and evolve in response to changing conditions. Our community engagement approaches must also evolve and adapt to the needs and concerns of the affected population. Establishing systems that allow communities to voice their understanding of the issues and provide timely and regular feedback on how we are delivering services will only build trust and stronger community-led solutions. Regular collection of community feedback through listening and monitoring of community perceptions and concerns is essential to adapting the community engagement strategy, informing response actions and presenting clear information that addresses anxieties, fears and unhealthy beliefs, and ultimately contributes to building trust. The process of using qualitative community feedback could be adapted for other organisations and future epidemics. This method is one way in which social and behavioural sciences can be rapidly deployed to provide valuable community intelligence in a response and build trust with communities.

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Why attention to detail matters in the participation revolution
Ayo Degett

Edward leans forward in his chair. 'It is like the project is just designed somewhere there. They don't know if the project is OK or not! What can we do? We need it [humanitarian assistance] here.' He adds: 'Us on the ground we don't know what is decided at higher level, we are just on ground'. Edward arrived in the refugee settlement he's currently living in two years ago from South Sudan. In his hometown he ran his own Community Based Organisation (CBO), fundraising for primary schools and working as a caseworker for an international NGO specialising in protection.

In Edward's section of the refugee settlement three protection organisations have arrived recently and set up their services, bringing to five the total number of NGOs working on issues related to individual protection, with overlapping services and clienteles. One frustrated community leader has tried to gain clarification from the NGOs on their roles and responsibilities, but in vain. The community has therefore taken matters into their own hands, inviting local incentive workers from the NGOs to a Sunday meeting to map the services being provided and create their own overview of the various protection efforts in the settlement.

Edward's experience illustrates a tendency which seems all too common in many humanitarian responses: the lack of timely involvement of affected people before activities begin, along with poor information provision, often leaves them feeling bypassed and frustrated. It also illustrates how affected people themselves often have the capacity and initiative to find solutions, including to challenges created by the humanitarian response; some, like Edward, have specific skills gained from working in the sector itself.

Important global commitments to improve participation in humanitarian action have been launched recently, including as part of the Core Humanitarian Standard on Quality and Accountability and the Inter-Agency Standing Committee (IASC) Commitments on Accountability to Affected People and Protection from Sexual Exploitation and Abuse, alongside interesting approaches tailored to specific contexts, such as the Accountability-framework in South Sudan[1] and the Listen Learn Act Project.[2] Perhaps the most progressive is the Grand Bargain commitment to a 'participation revolution' to 'include people receiving aid in making the decisions which affect their lives'.[3] Given all of this recent activity and attention, decades of commitments and libraries full of participation guidelines and literature, Edward's experience raises the obvious question: why

1 http://groundtruthsolutions.org/our-work/developing-a-framework-for-accountability-in-south-sudan/

2 https://www.danchurchaid.org/how-we-work/quality-assurance/listen-learn-act-project

3 https://www.agendaforhumanity.org/initiatives/3861

Women who run a small restaurant in Rhino Camp refugee settlement, Uganda. Here they share some leftover food.

© Ayo Degett/Danish Refugee Council

is the humanitarian sector still struggling to establish meaningful participation? Why is it that Edward and his community are not consulted or even informed about protection providers arriving in their settlement?

To try to answer this question, the Danish Refugee Council (DRC) is undertaking a three-year anthropological research project on practices of participation in humanitarian settings. The below reflections are early observations from extensive field studies in the South Sudan refugee response in Uganda involving participant observation, hundreds of conversations and semi-structured interviews with beneficiaries, staff of local and international organisations, refugee-led CBOs, local authorities and host communities and workshops with key stakeholders, research organisations and refugees.

Key observations

An overall finding from the field research is that there was little common understanding of what participation is (and is meant to do), and what specific goal individual organisations (and overall responses) want to reach. Most stakeholders consulted, including affected people themselves, did not seem aware that beneficiaries are supposed to take part in decision-making concerning the design and implementation of activities, and were therefore rarely consulted (if at all) before the end of the programme cycle, when most decisions had already been taken.

Accurate, timely, targeted information
The findings highlight the correlation between lack of information and lack of opportunity to participate in decision-making. As

Edward's experience demonstrates, it is difficult for people to receive accurate and timely information; a significant amount of information was only delivered verbally, and in Edward's settlement organisations tended to use mostly one channel (the refugee leader chairperson), meaning that information often travelled though many people verbally before reaching the end-user. This practice also risked favouring individuals who could gain personally from holding back certain information, such as scholarship or income opportunities. In one instance, where the amount of items being distributed had been reduced due to exchange rate losses in the budget, this explanation was not shared with the community, who therefore suspected that items that had not been distributed had been misappropriated.

Presence
Many frontline staff had trustful and productive relations with communities. Several staff members were South Sudanese themselves, which was a great advantage and made contextual differences and language barriers easier to overcome. However, it was often difficult for people including incentive workers to reach programme staff, physically, on the phone or otherwise. In one example, people in a cash for work programme could not reach programme staff to arrange to pick up bricks, and payment was so delayed that workers doubted they would ever be paid. The community was reluctant to engage wholeheartedly because several previous programmes in the same location had failed, while staff became frustrated by the slow pace of brick-making, which they put down to 'laziness' and 'low morale'. This unfortunate episode might have been avoided had staff been better acquainted with the community and therefore aware of their negative experiences with cash for work.

Closer proximity and presence may also help programme staff understand and act on issues of ethnicity and local power dynamics, particularly in locations with very heterogeneous ethnic compositions The study found little attention paid to providing conflicting tribes with equal opportunities to present their views in community consultations, and in some consultations the dominant tribe used most of the time up in presenting their own views, interests or concerns. In another example, conflicting tribes were instructed to co-locate against their wishes, increasing tensions and heightening the vulnerability of certain groups, such as people in mixed marriages. The findings confirmed that close relationships between frontline staff and affected people are highly important in understanding their perspectives and creating a level of trust that can encourage productive discussions on such issues as decision-making, modifications to activities and fraud.

Managing expectations

Community members were often not aware whether and how their opinions could affect decisions, highlighting a need for regular explicit dialogue on which decisions communities can influence, and which decisions have already been taken. Many community members said that they felt the information they provided in surveys and assessments went nowhere as activities were rarely modified and feedback was rarely provided. Feeding back assessment results might relieve some of the current 'assessment fatigue' and enable communities to use findings for their own benefit.

Representation

In most official decision-making forums in the settlement, the refugees were represented by the same dozen or so people, mostly men of the same ethnicity, and many women and marginalised groups, such as ethnic minorities and the elderly, reported not feeling adequately included. For those actually represented at these fora, meeting invitations often arrived at the last minute, agendas were rarely shared beforehand and in no cases (observed by or known to the author) did affected people co-design meeting agendas. This meant that representatives were rarely well-prepared for meetings and had very limited opportunities to consult their community beforehand.

The results of a sample survey showed that South Sudanese staff and incentive workers were largely from similar ethnic backgrounds. As the conflict in South Sudan is progressing along ethnic lines, ethnicity is a sensitive issue. By (un)intentionally excluding certain ethnicities from the decision-making embedded in their work, organisations risk reproducing existing inequalities and increasing tensions.

Planning and operational challenges

Despite good intentions, operational challenges relating to time management, planning (for transport and translation, for instance) often had decisive effects on communities' attendance at higher-level discussions. Non-English-speaking women representatives were regularly invited to English-language review meetings to represent the voice of women; inputs from communities were often placed as the last agenda item and sometimes skipped; and some refugee representatives arrived hours into meetings due to transport delays or because vehicles were not available. Activities and community consultations were often implemented simultaneously, requiring the attendance of the same people at different locations at the same time. Well-planned arrangements were often interrupted by competing 'spontaneous' activities with higher priority, such as an unannounced distribution. Enabling meaningful participation seems to be closely linked to operational priorities, such as building in extra time and resources in activity plans and allowing enough time for co-creating proposals, for inception phases and activity modifications based on community feedback. In this era of the Grand Bargain, donors should be strongly supporting more adaptive funding to allow adequate time for these enablers.

Balancing upwards and downwards accountability

Staff seemed to find it difficult to find time for – and prioritise – comprehensive consultation and inclusion of affected people among their myriad daily obligations. To avoid disappointing people (or to save time), it was not unusual for staff to make promises about arrangements or follow-ups that were not kept. Obligations to donors seemed to carry greater weight, suggesting a need to rebalance upwards and downwards accountability if we are to make progress on the road to meaningful participation.

What can we learn from practice in the field?

Our findings highlight that information provision, transparency, presence and expectation management are all important in establishing an enabling environment for meaningful participation practices in the field. This suggests that we consider incentive workers and frontline staff as more central players in preparing the sector for a participation revolution. In this respect, attention should be given to their skills in and comfort with information provision and communication, and their capacity to facilitate community dialogue, meetings and focus group discussions. As highlighted in the literature on participation, facilitating community meetings requires training.[4] Heterogeneity in the composition of and power dynamics in the community might need to be central in awareness-raising for staff and in activity processes, otherwise we risk some decision-making processes reinforcing existing inequalities.

The findings strongly suggest that one size does not fit all: we might benefit from having an open and honest dialogue with affected populations on how they prefer us to communicate with them, and what systems for improved participation they want. Here, we need to be open to opinions and preferences even if they go against assumptions. In one example, a

4 Dayna Brown and Antonio Donini, *Rhetoric or Reality? Putting Affected People at the Centre of Humanitarian Action* (London: ALNAP, 2014); Mary B. Anderson, Dayna Brown and Isabella Jean, *Time to Listen: Hearing People on the Receiving End of International Aid* (Cambridge, MA: CDA Collaborative Learning Projects, 2012).

community preferred more frequent and better-quality field-based community meetings to deliver their feedback, instead of using phones, challenging global priorities around innovation.

If activities, models and systems are co-created with communities, a good foundation for meaningful practice might be built. In contrast, by introducing ready-made solutions with no prior consultation, we risk depriving people of their right to take part in decisions. This would involve shifting into a more results-oriented mindset for participation processes, where perceptions of 'superior' knowledge are challenged; where the skills and capacities of refugees like Edward are nurtured; and where people are trusted to take informed decisions based on their expertise at 'being refugees'.

Many practices relating to participation appeared to be pieces of instrumental performance rather than meaningful inclusion in decisions: boxes in meeting attendance sheets needed to be ticked, FGDs conducted and (endless) needs assessment and M&E surveys carried out. In other words, many consultative processes seemed reduced to a matter of compliance, with attendance lists signed in review meetings but quality translation never attended to, or agencies including community input on a meeting agenda and then skipping it. The classic literature on participation would disqualify these practices as tokenism or manipulation:[5] 'truly effective participation demands that some power be ceded to communities'.[6]

To achieve meaningful participation, affected people need to take an active part in decision-making.[7] If we accept that each humanitarian context is unique, then it follows that it is the nuances, power dynamics and interests in these specific contexts that define practice. My argument is that it is difficult to understand and measure from a distance to what degree people in a humanitarian response are actively involved as decision-makers. It is one thing that women are invited to meetings, but do they understand the language? What questions are they asking? And what answers are they receiving? It is one thing that activity reviews take place, but is feedback shared? Is it acted on? It is one thing that incentive workers take part in decision-making, but are they all representing the same ethnicity in a crisis unfolding along ethnic lines? Without a comprehensive understanding of how participation is practiced and understood on the frontline of humanitarian response, efforts to translate global commitments into concrete action risk missing their mark. Put differently: it is the concrete action and practice on the ground that count – and it is through these actions and practices that people will feel included or excluded from decision-making.

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5 Sherry R. Arnstein, 'A Ladder of Citizen Participation', *Journal of the American Institute of Planners*, 35(4), 1969.

6 *Moving Beyond Rhetoric: Consultation and Participation with Populations Displaced by Conflict or Natural Disasters*, Brookings Institution and University of Bern, 2008.

7 'Taking active part in decision-making' is the core element in the most prominent contemporary publications and commitments on participation. See Brown and Donini, *Rhetoric or Reality?*; the Core Humanitarian Standard; and AAP.

Developing systematic feedback mechanisms: the Listen Learn Act project
Jeff Carmel and Nick van Praag

Before the ink was dry on the December 2014 Copenhagen agreement on the Core Humanitarian Standard (CHS) to improve the quality and effectiveness of aid, one of the key partners in the two-year process that led up to this newly created policy framework proposed creating a pilot project that would put it into practice in the field. DanChurchAid, a Danish humanitarian non-governmental organisation, enlisted Ground Truth Solutions (GTS) and Save the Children Denmark to design a test project with multiple partners in Africa and Asia.

The idea was to use these newly minted humanitarian guidelines and work with international and local humanitarian agencies to measure and improve compliance with the first

five of the CHS's nine objectives – those lending themselves to validation by affected people and trackable using GTS's Constituent Voice (CV) feedback methodology. The aim was to develop systematic feedback mechanisms to integrate the views of affected people into the design and implementation of humanitarian programmes based on their views of the humanitarian response as appropriate and relevant; effective and timely; that it strengthened local capacities and avoided negative effects; that the response was based on communication, participation and feedback; and that complaints were welcomed and addressed.

Over the next nine months, DanChurchAid, GTS and Save the Children Denmark worked on planning and securing funding

Women and girls stand in the shade in Kidal, northern Mali.

© UN Photo/Marco Dormino

for what became the Listen Learn Act (LLA) global quality and accountability project. The project fitted well with the special requirements of ECHO's Enhanced Response Capacity for projects that increase the resilience of people and communities hit by humanitarian crises, while promoting personal dignity and empowerment. The LLA consortium's proposal secured funding and LLA was formally launched in September 2015 in four countries: Nepal (earthquake); Lebanon (Syrian refugees); Ethiopia (South Sudanese refugees in Gambella); and Mali (food insecurity and violence in the north of the country).

The consortium worked with four different humanitarian organisations in each of the four countries – a total of 16 groups and programmes – holding workshops to help train staff in the methodology, design and field-test the surveys and regularly collect and make sense of the responses from affected people in the four countries. Three rounds of surveys of 300–400 affected people were conducted in each country. Participating organisations received real-time feedback from beneficiaries and guidance on how to analyse the data and use it as the basis for course corrections. The consortium partners helped guide each organisation engaged in the project on how to use a variety of communication vehicles to disseminate survey results back to field staff and to affected communities. A major component of the LLA project was broader dissemination and education about quality and accountability through a scenario-based LLA Training Course for humanitarian staff, produced in English, French and Arabic.

By the time the pilot project ended in April 2017, some 18 months later, a number of useful lessons had emerged from this novel, systematic approach to tracking and monitoring the perceptions of affected people. Regardless of the type of humanitarian assistance – from psychosocial support to food and shelter assistance – the LLA project showed that continuous, proactively sought feedback can be a useful performance management tool, especially when agencies initiate and sustain regular dialogue with communities throughout the project cycle and use the feedback to make programmatic course corrections. The more conventional process offers affected people complaints mechanisms to raise their concerns, to which agencies must then respond case by case.

Another important takeaway from the LLA project's fieldwork is that the CV methodology is relevant across a broad range of contexts. According to Andy Featherstone, a humanitarian action and social development consultant and author of the comprehensive learning report on the LLA project, it also 'encourages organizations to work across silos, bridging different parts of humanitarian agencies – monitoring, evaluation, accountability and learning, operations and management – and in so doing ensures that accountability is a discussion across the whole organization rather than being siloed in a team or departments'. In addition, Featherstone suggests, 'the CV methodology was considered extremely valuable in promoting the CHS internally within participating organizations and more broadly with peer agencies'. At the end of the project,

the local NGOs involved were particularly enthusiastic about incorporating the methodology – or specific aspects of it – into their humanitarian programming work.

One of the more interesting results from the LLA project, according to Featherstone, was directly linked to the first CHS commitment, which relates to the relevance of aid in alleviating distress and suffering, upholding people's rights to assistance and ensuring their dignity as human beings. In each round of surveys in Ethiopia, Lebanon and Mali, community perceptions of the relevance of humanitarian interventions to people's needs improved. In Nepal, however, scores decreased over time.

'While the changes were sometimes closely linked to a change in the internal or external context, it is noteworthy that NGOs were not always able to provide a specific explanation for the changes in perceptions,' Featherstone writes. 'Some felt that the act of engaging with communities and seeking to gauge their satisfaction may have led to better scores, or that monitoring and minor course corrections that strengthened the relevance of their programmes had a role to play, but NGOs often failed to identify specific programme modifications that would have driven the change in perceptions.

'What is clear,' Featherstone says, 'is that while comparisons between NGOs in different countries can offer some interesting results, the most important unit of analysis is that of the individual agency and how it is perceived by communities that it is seeking to assist.' The LLA project and the CV methodology shed important light on the strength of this relationship.

Interviews with NGO staff as part of the LLA project saw two clear benefits of the CV methodology compared to existing agency accountability mechanisms, according to Featherstone, namely 'the prioritisation that it places on proactively engaging communities, and the perceived rigour of the process'. Proactively soliciting feedback about agency accountability instead of traditional reactive methods of getting information seemed to provide greater reassurance that issues were not only reported, but also stood a far better chance of being addressed.

The results of the LLA project demonstrate the 'important need to maintain a dialogue with communities that permits changes in the operational context', Featherstone says. 'This is perhaps the most valuable contribution of LLA – and in so doing it provides a lesson in the importance of sustaining a conversation with communities affected by disaster.' One concern was the time it took NGO staff to familiarise themselves with the project and its objectives, exacerbated by frequent staff turnover within the implementing NGOs on the ground over the course of the project. Constantly having to train new staff while carrying out a long-term initiative appears to have created productivity bottlenecks and increased costs.

Programmatic course corrections based on feedback varied from country to country and programme to programme. One of the surveyed communities in Lebanon, for example, revealed surprisingly limited knowledge of the assistance being provided by the local NGO, especially among women – who rarely left their homes. The NGO was apparently failing to adequately engage with this key client group. As a result, steps were taken to engage women more effectively so that they better understood the project's goals and could participate more fully.

In Nepal, according to Featherstone's comprehensive report, a second survey round carried out by an NGO providing sanitation services indicated that only 45% of those surveyed felt that the programme was meeting their families' needs, while 67% identified potable water as their main need, with sanitation a secondary concern. 'In discussion with their international NGO donor, it was agreed that the focus of the programme should shift to reflect the priorities of the community; the number of latrines was reduced and a water scheme was included in the programme. In addition, a livelihood programme was established in the villages which were most affected.'

In Ethiopia, community feedback raised concerns about camp security and the protection of children, resulting in action to refer these issues to police and government authorities. In Mali, feedback from affected people indicated a lack of information about complaints mechanisms and specific forms of programme assistance, prompting one of the NGOs to create a guidance note on accountability to facilitate better interactions with these communities. These relatively minor adjustments carried only modest cost implications.

Local NGOs, with fewer funding constraints, were more proactive than international donor-funded programmes, Featherstone reports, where 'there was greater reticence to make changes or to engage with donor representatives about the need for change … it was considered by staff to be time-consuming and problematic to do so. It is also the case that agencies may limit their own flexibility by rigidly enforcing internal logical frameworks that act as a disincentive for making course corrections. In these circumstances, the penalties for making change are internal and bureaucratic, making them time-consuming rather than impossible.'

Such remediable shortcomings aside, the LLA project sparked the idea of going beyond individual projects and single organisations, combining the force of the CHS framework and the GTS methodology to place the views of affected communities at the centre of the design, implementation and monitoring of larger-scale humanitarian action. The countrywide project now under way in Chad (described elsewhere in this edition of *Humanitarian Exchange*) draws directly on lessons from the LLA project and applies them in a countrywide humanitarian response plan. It is still early days in Chad – and in Haiti and Bangladesh, where similar efforts are under way – but, like the LLA, it shows the promise of collaborative efforts in listening, learning and acting on feedback from affected communities.

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Using affected people's perceptions to better manage humanitarian response

Geneviève Cyvoct and Alexandra T. Warner

Chad is a tough neighbourhood. The challenges of widespread poverty and food insecurity in many parts of the country are compounded by the continuing presence of refugees from Sudan in the east, more recent displacement in the Lake Chad Basin, where Boko Haram is active, and the arrival of people fleeing conflict in the Central African Republic. In the face of what is one of the most complex humanitarian emergencies in Africa, the Humanitarian Country Team (HCT) has put in place a potentially ground-breaking approach to bringing the perspectives of affected people into the way its members manage the response.

The innovation is two-fold. First, the HCT has agreed to use a common platform to track the views of the people supposed to benefit from humanitarian action. Second, it is using the findings to measure progress both against the objectives of Chad's 2017–19 Humanitarian Response Plan (HRP) and the Core Humanitarian Standard (CHS) on Quality and Accountability.

Starting the project

In 2016, the Senior Transformative Agenda Implementation Team, now renamed Peer 2 Peer, recommended improved collective accountability in Chad. The HCT then included specific accountability objectives in the 2017–19 HRP and established a steering committee on accountability to affected populations (AAP), as well as a working group on protection from sexual exploitation and abuse.

Translating objectives on better community engagement into indicators and specific follow-up actions was a challenge. Tracking the views of the affected community as an input into managing programme performance had never been done before on a response-wide scale. OCHA and the AAP steering committee, with the approval of the Humanitarian Coordinator, turned to the CHS Alliance and Ground Truth Solutions for support and guidance. Funding came from SIDA, which has accountability to affected people as a priority concern.

The approach, which got under way in January 2018, combines the collection and analysis of people's perspectives in three regions, Logone Oriental, Lake region and Ouaddai, with capacity strengthening support. In this way, the views of affected people are used to monitor programme implementation, while individual organisations and clusters get help in becoming more accountable.

Tracking people's views is one thing, but acting on the feedback is what it is all about. This entails dialogue on what the data reveals and how to use it among all those involved in the response. It also means communicating the results of surveys back to communities, so that they get the sense that they have a say in activities intended to protect and assist them. Through this, Ground Truth Solutions and the CHS Alliance hope to demonstrate that the perspectives of affected people can be an important tool in measuring impact, guiding the response and providing a way for affected people to engage.

How it works

The project brings together two sets of activities. Ground Truth Solutions is responsible for gathering and analysing the perceptions of affected people, field staff and local partner organisations on the implementation of the HRP. The data collected by Ground Truth Solutions is intended not just to orient short-term course corrections, but also to inform the Humanitarian Needs Overview (HNO) that underpins the 2019 response plan.

The CHS Alliance, meanwhile, uses the data – and the design process – as a starting point to help humanitarian actors in Chad use the CHS as a framework for improving their quality and accountability policies and processes. The Alliance provides its support through workshops and meetings with cluster representatives, NGOs – including CHS Alliance member organisations – and others active in humanitarian action in Chad.

Community perception surveys are aligned with the HRP's strategic objective indicators and the CHS commitments. Interviews are carried out one-on-one with a sample of affected people that is representative of the type of population – refugees, host communities, or the internally displaced. In addition to the perception surveys, focus group discussions with local leaders and affected people add further depth to the data. Humanitarian staff are also asked for their views, providing a counterpoint to the views of affected people. The staff survey is conducted by email with the support of OCHA.

Box 1: Demonstrating the links between CHS commitments

The project brings forward insights on the links between CHS commitments. For instance, commitments 4 and 5 on communication, feedback and complaints strongly relate to efficiency (commitment 2) and the need for improved coordination (commitment 6). Communication with the affected community as well as other stakeholders such as local authorities is at the core of improving the outputs and impact of the humanitarian response.

A mother and her children in an IDP camp in the Lac region of Chad.

© Eva Erlach/GTS

Results are analysed and aggregated to provide insights on the overall humanitarian response, paying particular attention to the accountability indicators set out in the HRP.

Findings from the first surveys were circulated in August 2018 and discussed with stakeholders at the regional and national level. Findings and responses from humanitarian actors were then presented to community leaders in the three crisis-affected regions.
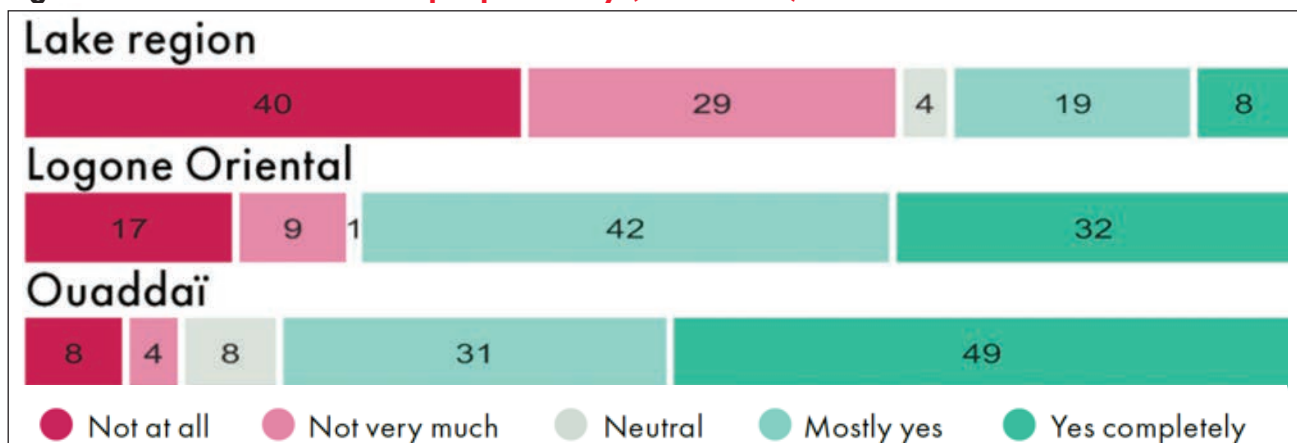
What does it look like?

Practically, what do these perception surveys look like, and how are they linked to the strategic objectives of the response in Chad? Take the HRP's first strategic objective: *save and preserve the lives and ensure the dignity of affected populations*. One of the perceptual indicators for this objective is: 'the percentage of affected people who feel informed of the different services available to them'.

Do you feel informed about the kind of aid available to you?

Across the three regions surveyed, some 60% of affected people say they feel informed about the services available to them. Compare this with the responses of humanitarian staff and you see that there is a gap between information-sharing activities and awareness: 90% of humanitarian staff say they are able to provide affected people with the information they need.

Figure 1: Results from affected people survey (results in %)

Lake region	40	29	4	19	8
Logone Oriental	17	9	1	42	32
Ouaddaï	8	4	8	31	49

● Not at all ● Not very much ● Neutral ● Mostly yes ● Yes completely

Lessons

The centrality of ownership

The project would not have got off the ground without the engagement and support of key actors in Chad. GTS and the CHS Alliance were responding to a need expressed by humanitarians in the country. Perception indicators were agreed with OCHA. The surveys were developed with OCHA and the AAP Steering Committee, which then shared them with the HCT. Humanitarian agencies support data collection in the three regions. Preliminary results were reviewed by stakeholders to better tailor findings and inform recommendations.

This engagement is essential to ensuring that the results are relevant and useful. Without this, findings would not be informing clusters' accountability plans and would not be considered as inputs into the HNO and HRP.

The value of independence

There is value in organisations tracking perceptions during regular monitoring activities. There is also a time and place for third-party efforts. In Chad, we have seen that affected populations appreciate speaking to an independent agency. This also allows for greater comparability of results across regions and the aggregation of findings to the national level. GTS's work has been designed as a complement to organisational monitoring, making the findings much more usable. As the project advances, GTS and the CHS Alliance will support clusters and other organisations to develop and implement their own perception surveys, providing further complementary data.

Matching qualitative and quantitative feedback

The data collection approach delivers quantitative data through the quantification of people's opinions (using a five-point scale) and qualitative data through focus group discussions. The first delivers powerful visuals for decision-makers, while the qualitative data provides the depth needed to design and implement changes to programming.

Box 2: The case for contextualisation

Although 60% of people surveyed felt well-informed about the response, in Lake region this figure was only 21%. Triangulating this information highlights that refugees in this region have arrived more recently and have greater information needs, especially in regard to life-saving assistance. In other regions information on recovery assistance is more useful. This might seem obvious, but does point to the need for community engagement approaches that are tailored to each specific context.

Maintain flexibility

To stay relevant, the project had to keep a level of flexibility. What was clear at the beginning of the project was that it should cover a complete humanitarian programme cycle: from the HNO through the HRP planning exercise to implementation and back. What was less clear was how important the timing of dissemination and training activities, as well as breaks in activities, would be.

The dissemination of survey results needed to align with programme planning in- country to improve take-up and allow collective solutions to emerge. The CHS Alliance used the survey results and discussions with stakeholders to inform and design support activities. This led to a workshop on complaints mechanisms, as well as discussions on information-sharing and participation. Lastly, sufficient time needs to be maintained between surveys to allow for changes to be made, and for those changes to be reflected in the perceptions of affected people.

A model worth replicating

As we are only in the midst of the second round of data collection, it is too soon to say how changes in programming have resulted in improved results for and from the perspective of affected populations. However, the project has started an important discussion within the humanitarian community in Chad on how to more systematically collect and use community perceptions to inform the deliverables of the humanitarian response, as well as how to best engage communities. We believe this discussion is a key starting point in raising awareness not only on the how, but also on the why. By broaching the how, we have been able to build evidence as to why it is important to systematically collect feedback, and what value this brings to operations. The project has also shown, once again, the potential of the Core Humanitarian Standard on Quality and Accountability as a driver of positive change. People and communities affected by crisis are at the heart of the Standard. We need to hear them in order to continuously learn and improve our services.

The next step for the project is to develop a more systematic approach at global level, so that collectively including the voices of affected people in humanitarian planning and implementation becomes the norm. The approach in Chad demonstrates one way of getting there and, with further experience in 2019, we aim to have a model that can be replicated in other contexts, while also setting the ground-work for affected people to inform HNOs and HRPs in a systematic way.

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The Central Sulawesi Earthquake Collective Accountability Approach: a case study of affected people influencing disaster response and recovery

Stewart Davies

On 28 September 2018, a series of earthquakes struck Indonesia's Central Sulawesi province, the strongest a 7.4 magnitude event with its epicentre close to the provincial capital, Palu. Over 2,000 people were killed with many more unaccounted for, buried under the liquified ground that consumed several villages. Infrastructure and basic services were badly affected, and thousands of people were displaced into temporary shelters or housed with host families and friends.

In the context of the 2016 Agenda for Humanity's commitments on national ownership and localisation, stronger integration of humanitarian and development programming and greater inclusion of affected people in decision-making, this article reflects on the challenges and opportunities facing international humanitarian organisations in Indonesia in the aftermath of the earthquake, with a particular focus on collective accountability between the Humanitarian Country Team (HCT), a diverse group of UN agencies, national and international NGO networks, the Red Cross and the ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre), and affected people in the Sulawesi operation.

As the primary international humanitarian decision- and policy-making body in Indonesia, the article considers how the HCT has supported the national response with international 'good practice' on accountability to affected people; how it has supported the systematic provision of information to communities; how humanitarian agencies' decisions were informed by the views of communities; and how communities were enabled to appraise agencies' performance in delivering aid, including on sensitive issues such as sexual exploitation and abuse by those associated with aid provision.

Collective accountability in the Central Sulawesi Earthquake Response Plan

In response to the Indonesian government's decision to consider specific offers of international assistance, and in line with the priorities outlined on 1 October 2018, the HCT developed and launched the Central Sulawesi Earthquake Response Plan on 5 October. The Plan focused on providing targeted technical assistance in support of the government-led response in areas prioritised by government counterparts. Targeting 200,000 of the most vulnerable people among some 540,000 directly affected by the earthquake and associated tsunami, landslides and liquefaction, the Plan sought to raise $50 million over a three-month response period.

The Response Plan articulated the HCT's commitment to internationally agreed norms including the Inter-Agency Standing Committee (IASC) Commitments on Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse (PSEA), the Core Humanitarian Standard on Quality and Accountability and the Grand Bargain.[1] To provide a form of 'quality control' for its support to the government-led response, the HCT developed a well-defined approach to collective accountability, including how it would handle protection from sexual exploitation and abuse.

Several UN agencies and national NGOs in Indonesia, as well as the Red Cross, have experience in implementing multi-channel feedback mechanisms and effective information campaigns as part of their work in disaster risk reduction and development. This expertise and capacity was drawn on to strengthen collective approaches to gathering, analysing and responding to community feedback, and to ensure that temporary mechanisms augment and where possible build the capacity of existing government systems. The HCT also drew on recent experience of developing collective approaches as part of responses in support of governments in the Philippines (2013) and Nepal (2015).

In Nepal, the Inter-Agency Common Feedback Project collected, analysed, reported on and advocated for the perceptions of communities affected by crisis, on behalf of the entire humanitarian, recovery and development community. Originally established following the 2015 Nepal earthquakes, the Common Feedback Project was adapted in early 2016 to address the reconstruction and recovery phase and was thereafter extended for two years. In Nepal, it is now well recognised that humanitarian and recovery decisions must be based on the self-identified needs and perceptions of communities receiving assistance. During the extensive flooding in August 2017, the Common Feedback Project was expanded to work in flood-affected areas during the relief phase. In 2017, feedback was collected from communities in some of the least developed areas of Nepal to inform the UN Country Team's five-year Development Assistance Framework (UNDAF). This was the first opportunity for communities to actively participate in UN-supported development planning. Much of the success of the project was grounded in how it adapted to inform decision-making through the evolving phases, from response through to rehabilitation and longer-term development.

In Indonesia, organisations, including various parts of the government, HCT members and other local and national

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1 See 'Road Map – Indonesia HCT Collective Accountability and the Protection from Sexual Exploitation and Abuse' (https://reliefweb.int/report/indonesia/indonesia-collective-accountability-and-protection-sexual-exploitation-and-abuse)

Children are entertained outside a PMI mobile medical clinic in a remote village in Donggala, Central Sulawesi, Indonesia.
© OCHA/Anthony Burke

responders, often have their own community engagement practices focused on those who directly benefit from their activities. However, the Indonesia HCT approach to collective accountability has had a broader focus on supporting efforts to organise information flows to and from communities, so that the government and other humanitarian leadership at the provincial and country level receive regular overview of community feedback analysis. This approach was not intended to replace government and agency-specific community engagement practices, but rather was designed to support and complement existing capacities. For response managers, it has enabled a common understanding of the overall needs and preferences of affected people, identifying where gaps exist and guiding the prioritisation of sectors.

Delivering on the collective approach

A range of activities were implemented over the course of the operation to deliver on this collective approach. Activities were developed through the support of a technical-level group in Central Sulawesi – the Community Engagement Working Group – and through the HCT PSEA Network in Jakarta. Both coordination groups were formed during the earthquake response, and each was designed to provide a conduit to support government-led efforts on both systematically engaging communities and providing a structured reporting and response mechanism to complaints of sexual exploitation

and abuse by aid workers. However, while the initial participatory design of the collective approach provided a strong foundation for a coherent way forward, challenges remain in effectively integrating these critical elements throughout the response.

A suite of actions has enhanced the collective accountability of the Central Sulawesi response. These included advocating for and integrating people's information needs and preferences into assessments; surveying people's perceptions across the humanitarian response, including tracking rumours and providing appropriate responses; and coordinating messaging to address community information needs. Two components in particular are generally considered 'non-negotiable' in meeting global commitments and standards on accountability to affected people. The first 'non-negotiable' was to provide humanitarian leadership with the regular concise community feedback required to trigger decisions and adapt programming. *Suara Komunitas*, or 'Community Voices' in Bahasa, is an information bulletin that presents feedback gathered from communities affected by the earthquake. It is designed to help humanitarian responders understand what communities are saying as the response progresses. Informed by inter-agency community engagement efforts, including discussions with affected people and radio programmes, it comprises quantitative data and qualitative information to complement the community feedback humanitarians are already responding to.

Suara Komunitas is a product of the Community Engagement Working Group.[2] It was developed by Palang Merah Indonesia (PMI), the Indonesia Red Cross and the International Federation of Red Cross and Red Crescent Societies (IFRC), with support from the UN Office for the Coordination of Humanitarian Affairs (OCHA), Pulse Lab Jakarta, REACH and the UN Children's Fund (UNICEF). A broad range of responders attend the Working Group, which meets weekly in Palu, the provincial capital, to present sector-based feedback and coordinate collective action on rumours, questions and complaints. The Working Group has also identified the ongoing need for risk communications and common messaging, for instance on disease prevention and sanitation.

Two editions published in November and December 2018 used data and information gathered through multiple feedback sources, including assessments, agency community feedback mechanisms and monitoring tools. The findings were reported to the government and humanitarian agencies. Reports are distributed digitally and physically in Bahasa and English. The publications have helped close the 'feedback loop' by working with different parts of the government and the Community Engagement Working Group to provide contextualised analysis and recommendations based on feedback from people on the receiving end of assistance. The project engages radio broadcasters to ensure that programmes address the major concerns of affected communities. Moving forward, an additional publication is under way; the critical next step will be to analyse the overall impact of the publications on decision-making.

The second 'non-negotiable' from the Central Sulawesi response has been a common approach to PSEA through the formation of the HCT PSEA Network. The Network has sought to build the capacity of humanitarian actors to prevent, mitigate and respond to incidents associated with aid workers. This has included training 118 people from the UN, civil society and government in Central Sulawesi and over 30 staff from the HCT in Jakarta. The Network has developed a code of conduct and sought to raise awareness on PSEA, and has made some headway in providing a survivor-centred response to incidents through coordination with gender-based violence service providers. Commonly agreed principles are embedded in reporting systems and community-based complaints mechanisms.

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2 *Suara Komunitas* edition no. 1 in Bahasa and English: https://reliefweb.int/report/indonesia/indonesia-central-sulawesi-earthquake-response-suara-komunitas-community-voices

Overall, the collective approach is illustrating the need to build and nurture links between PSEA and community engagement initiatives, including through the Community Engagement Working Group and various outreach approaches and community feedback and complaints mechanisms. Since drafting a PSEA Action Plan, the Network has improved awareness among participating organisations, and is working to ensure that organisations have investigation and reporting procedures in place. However, gaps remain in terms of community outreach, implementation capacity and inter-agency agreement on reporting, including on information-sharing protocols for referral and investigation, post-event support to survivors and information management and monitoring of the overall system.

Reflecting on progress three months after the earthquake struck, collective efforts need to continue. Moving forward, humanitarian agencies need to continue to ensure that their programme decision-making is ground-truthed by those they support in a systematic way. Agencies need to continue to share information with communities based on the feedback the response is gathering, and communities need to feel empowered to appraise agencies' performance in delivering aid, including on sensitive issues such as sexual exploitation and abuse.

Lessons from the Nepal earthquake response have demonstrated that providing information to affected communities, ensuring that humanitarian agencies' decisions are informed by the views of communities and enabling communities to comment on agencies' performance are not only essential components of emergency response, but are also critical to programme adaptation well into the recovery and rehabilitation phases. Founded on indigenous information and communication ecosystems, this means that government and its partners need to continue to scale up and integrate multi-purpose and multi-channel information and feedback mechanisms within the Sulawesi operation, so that broader, community-grounded information flows into decision-making as the recovery moves forward and attention shifts back to ongoing national- level emergency preparedness and disaster risk reduction planning.

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