



Integrating Community Engagement and Accountability at the Ethiopian Red Cross Society

Introduction

Since February 2017, the Ethiopian Red Cross Society (ERCS), with the support of the Canadian Red Cross (CRC), has been supporting approximately 28,000 individuals affected by drought in Kindo Koysha district, Wolayita zone, and Southern Nations, Nationalities, and Peoples Region. The response operation includes water, sanitation and hygiene initiatives, as well as the distribution of animal fodder and veterinary medicine. This operation has afforded an opportunity to practically implement some of the capacity building endeavours already underway within ERCS including Community Engagement and Accountability (CEA).

Community Engagement and Accountability is supported by activities that help put communities at the centre of Red Cross programming and operations, by integrating communication and participation throughout the program cycle or operation.*

► *“The concept of community engagement and participation is not new for the Ethiopian Red Cross Society. During our assessments, community members have provided firsthand information about the impacts of disaster and their needs. For example, during a planned distribution, we would communicate with them to ensure they knew what emergency items were going to be provided, when, where, and who was going to provide assistance. But we did not do these things systematically.” Ato Kassahun, Ethiopian Red Cross Society, Disaster Preparedness and Response Coordinator*



* This is a definition taken from the A Red Cross Red Crescent Guide to Community Engagement and Accountability (CEA) on page 6
<https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2017/12/IFRC-CEA-GUIDE-0612-LR.pdf>

With the Support of Canada

The Ethiopian Red Cross Society has recognized the added value communities at risk of disaster can provide both pre- and post-disaster. Its revised strategic plan includes community-based resilience and emphasizes the importance of Community Engagement and Accountability “to ensure building of the abilities of communities or households, who potentially are exposed to disasters and crises and underlying vulnerabilities to anticipate, reduce the impact of, cope with and recover from the effects of adversity through the active involvement of the community at risk of disaster.”

In addition to the strategic plan, the new Disaster Management policy, developed with the support of the Canadian Red Cross, emphasizes the need for community engagement as: *“We [ERCS] consider ourselves as accountable to communities at risk of or affected by disasters. We commit to empowering communities to participate in a process that enables them to inform the decisions that affect their lives, and ensure they receive assistance that is appropriate to their needs.”*

This case study outlines the impact of integrating Community Engagement and Accountability into Ethiopian Red Cross Society activities. The Canadian Red Cross, through its Capacity Strengthening for Emergency Response in Africa (SERA) initiative, identifies CEA as a cross-cutting issue to be addressed, and supports the institutionalization and integration process of CEA through the provision of training and technical assistance, with funding provided by the Government of Canada.

Key Community Engagement and Accountability Statistics in Ethiopia

- More than 20 Ethiopian Red Cross Society staff have been fully trained on Community Engagement and Accountability. Most are regional program coordinators and include disaster management, reporting and monitoring, volunteer and branch development, and communications;
- There are 196 trained Branch Disaster Response Teams across Ethiopia which are the first responders during an emergency, and potentially lead CEA implementers.

During the Assessment Phase

Summary of activities: A CEA assessment was combined with the planned After-Action Review (AAR) which examined the one-year achievements of the emergency response operation in Kindo Koysha district, Wolayita zone. The assessment was conducted in 2 of the 9 sub-districts supported by the drought response operation. Six focus group discussions were conducted with community members, local authorities, and Red Cross staff and volunteers. To ensure adequate community representation, two focus group discussions were organized with community members living a certain distance from the district town of Bele, and community members living further away. To work within cultural norms where women do not speak out a lot in a communal setting, a separate one-on-one consultation was undertaken with women only. Efforts were also made to include minority groups or those excluded during the original assessment such as older adults and people living with disability, however, due to time constraints, it was not possible to include as many diverse voices as originally planned.

During the Planning Phase

Summary of activities: Based on the assessment results and the four months remaining in the drought response operation, a preliminary CEA implementation plan was developed jointly with Disaster Preparedness and Response; Planning, Monitoring, Evaluation and Reporting; Volunteer Development and Branch Development; Partnering National Societies; and the International Federation of Red Cross and Red Crescent Societies (IFRC).

The objective of the plan was to systematically address gaps through:

- Training of volunteers;
- Providing information to communities through information boards at selected sites;
- Establishing a feedback and complaint desk at distribution sites;
- Engaging with volunteers, local partners and committees to convey messages to communities about Ethiopian Red Cross Society interventions; and
- Preparing a clear exit strategy.



During the Implementation Phase

Summary of activities: Basic training was provided to volunteers, Participatory Hygiene and Sanitation Transformation trainers, and water committee members on the Red Cross Fundamental Principles, volunteerism, Code of Conduct, and CEA, with CEA focusing on communication, feedback, and complaint handling. A total of 80 participants (31 women, 49 men) were involved in the one-day training and for most, it was their first exposure to the topics.

► *"I didn't know what was expected of us as volunteers. I didn't know that communities have the right to choose what they want and what they don't want. I will use the knowledge I gained from this training to better serve the communities."*
Female participant, ERCS volunteer, health extension worker.

Notice boards at distribution sites

The main objective of the notice boards is to provide basic information to communities about:

- Selection criteria;
- Selected beneficiaries;
- List of items to be distributed; and
- Distribution date, time and location.

Since most distributions were held at the sub-district office compound or at schools, existing notice boards or walls were used. School-going children could read the information and relay it to their parents.

The impact: Being in accessible locations, the notice boards allowed the Ethiopian Red Cross Society to reach more community members in an open and transparent manner. This avoided confusion and resulted in seamless distributions.

Establish a feedback and complaint desk at distribution sites

The feedback and complaint desk was established to address a gap in the Ethiopian Red Cross Society's feedback system which had resulted in most comments and complaints being channelled to the sub-district administration.

Community members were made aware of the desk prior to distribution and volunteers trained on how to collect feedback, how to answer questions, and where to send the compiled reports for further analysis, raising issues up to the headquarters level where necessary. Issues would then be addressed with the community during monthly monitoring field visits.

The impact: Feedback received included a suggestion to also provide veterinary medicine during the transition to the rainy season to best protect cattle from water borne diseases. The Ethiopian Red Cross Society used this feedback to procure additional veterinary medicine. It was not able to be delivered during the timeframe suggested by the community, however the sub-district animal and livestock office was able to still make good use of the medicine when it did arrive.

Complaints included the inadequate support perceived by the community. In response, ERCS increased the amount of support provided to individual households. It also took the opportunity to again explain to communities the limited funding available and the selection criteria used to support those most vulnerable.



Community Consultation After Distribution

Diverse community members, including men and women were consulted about the relief items distributed and asked for their feedback. Comments were received and included how the Red Cross support helped increase the productivity of weakened cattle; that access to food for many families remains an issue; that not enough support was provided to all community members, and how the timing of distributions must align with seasonal weather forecasts. Again, ERCS used the opportunity to be open and transparent in its communications with communities. It outlined beneficiary selection criteria, emphasizing that its focus was on the most vulnerable community members.

Community Consultation on Borehole Site Selection / Protection

Once potential sites were identified for two boreholes, the Ethiopian Red Cross Society returned to the community to discuss the issue of land ownership with the local government. Both proposed borehole locations are on private lands and government officials indicated the land owners would be willing to provide the lands for free. Further consultations were carried out with the land owners themselves, after which ERCS determined compensation should be considered and legal rights drawn up to reflect community ownership of the boreholes. This is still being negotiated with the local government.

Also, at issue is the use of artificial fertilizers which can contaminate ground water. Consultations with the local government and community resulted in a fenced protection zone being established around the boreholes to prevent them from becoming contaminated, and with community members agreeing to not participate in common practices, such as open defecation, near the boreholes.

Community Consultation On Water Reservoir / Water Point Locations

Engagement with communities included consultations on where to establish water reservoirs and water points. With limited financial resources, and following consultant recommendations and preparatory work, a decision was made to focus on spot access points at the two borehole locations. However, during consultations, the community and local stakeholders disagreed and presented their own suggestions. The ERCS is now revising its plan to accommodate community interests.

► *"We were very confused when we are not hearing from you. We thought that you just abandoned the project without finalizing it and we went to complain to the local authority. But, in fact, you were actually accomplishing and preparing to do quality work on the borehole."* Elderly community member



Members of the borehole site selection including land owner, community, local government and ERCS representatives

Lessons Learned

- Although preferable to initiate CEA at the start of a project, it can be implemented at any point;
- Program coordinators should provide regular follow-up and guidance to volunteers to ensure CEA implementation;
- Honestly engage in CEA to bring about significant change to communities. Do not implement CEA simply to satisfy reporting requirements; and
- Always cross check with communities about CEA activities and their impact, making sure to not only hear from community committees or representatives, but from community members including men, women, people of different ages and abilities, including vulnerable groups.

Methodology

This case study was conducted during a real case scenario using varying approaches to Community Engagement and Accountability while aiming to capture lessons learned from it. Efforts were made to include a fair representation of the community as key participants and informants using purposive sampling approach. One-on-one interviews were conducted during field visits over the course of one year and included discussions with one staff member and one volunteer from the Ethiopian Red Cross Society, one government health coordinator, and 18 community members (12 women; 6 men) for a total of 21 interviews (12 women; 9 men).

Ten focus group discussions were also conducted in the local language through an interpreter, with an average of ten participants (6 male, 4 female). Two of these focus group discussions were conducted with women-only groups.



This project was made possible thanks to financial support from the Government of Canada

