



# INSTITUTIONALISING

## COMMUNITY ENGAGEMENT AND ACCOUNTABILITY

### A CASE STUDY FROM THE HELLENIC RED CROSS



*The Hellenic Red Cross was founded on June 10, 1877 and subsequently recognized as part of the family of the International Red Cross and Red Crescent Movement. The largest humanitarian organization in Greece, HRC is committed to international humanitarian principles, providing humanitarian aid with impartiality regardless of gender, nationality, race, political opinions or religious beliefs.*

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# Introduction

Cooperating, communicating, and engaging with vulnerable people, and receiving and acting on their feedback, is not something new for Hellenic Red Cross -like many National Societies, HRC has always sought to build its programs on these principles. However, the formal Community Engagement and Accountability (CEA) approach was first introduced to HRC in 2015 during the mass population movement Emergency Appeal operation, providing an opportunity for the first steps towards institutionalisation.

Over the next four years efforts were made to establish essential mechanisms enabling:

- Provision of information as aid
- Establishment of feedback mechanisms
- Engagement with and participation of vulnerable people in HRC activities
- Behaviour and the social change communication
- Evidence-based advocacy

During this period the NS had several challenges such as suspension of the NS from IFRC membership, a non-stable governance, lack of human resources as well as the inadequate economic status but there was also persistence and a will to establish CEA as a formal approach in the NS, integrated and implemented into all HRC departments and programs.

This case study illustrates the actions that were taken to institutionalise CEA - not as a stand-alone program but as a cross-cutting approach integrated across HRC's domestic activities.

The goal of this case study is to highlight the process Hellenic Red Cross (HRC) has followed to institutionalise Community Engagement and Accountability (CEA) and provide an example and guidance for how others can also successfully mainstream and institutionalise CEA in their own National Societies.

To understand the process of institutionalisation it's helpful to look at how CEA was originally introduced to HRC and how it has evolved.



In 2015 Greece experienced the arrival of more than a million people from outside the country, mostly people escaping economic and political instability and conflict in the Middle East. HRC called for an Emergency Appeal, and with the support of IFRC and other National Societies implemented activities in basic healthcare, Psycho-Social Support (PSS), hygiene promotion, relief and cash transfers. Through these activities,

CEA began to be formally introduced and integrated into HRC work, with a particular emphasis on the need to provide lifesaving, timely and accurate information to people who were arriving on the Greek islands in large numbers. Initially, CEA was regarded as a separate sector, but over the following years it was gradually mainstreamed and integrated into all components of the operation.



Tightened borders resulted in more than 30,000 refugees and migrants becoming stuck in Greece, unable to travel further into Europe. Although people continued to arrive as unregistered migrants, this period of comparative stability led to a transition away from the emergency phase of the response: camps for refugees where HRC implemented activities were established across Greece. In the three camps where HRC had its largest presence, full time CEA officers were appointed. At the same time, both IFRC and HRC appointed CEA coordinators.

CEA activities were not limited to providing information as aid but expanded to include feedback mechanisms alongside greater engagement with, and participation and inclusion of, people in the camps. The main channels used to receive feedback were face-to-face interaction with staff and volunteers, community meetings, suggestion boxes, helpdesks, satisfaction surveys, a support telephone line, and the Virtual Volunteer web-based platform.



CEA activities continued to support the migration response: working collaboratively with people and communities to ensure HRC activities were effective, inclusive, sustainable and accountable; supporting and enabling people and communities to lead and shape positive, sustainable changes in their own lives and on their own terms; systematically listening to, engaging and communicating

with people and communities to better understand their diverse needs, vulnerabilities and capacities; gathering, responding to, and acting on feedback and input about people's priorities and preferences; and providing safe and equitable opportunities for people to actively participate in decisions affecting them.



In 2018, HRC phased out from the refugee camps (CEA was critical for developing and delivering the exit strategy which began in 2017) and handed activities over to Greek authorities and other local organizations. It was at this point that CEA began to become integrated more broadly across HRC domestic programmes. In particular, the Multifunctional Centres for Refugees in Athens and Thessaloniki, the Health Mobile Unit, and the Cash Transfer Programme (winterization project), all invested in providing accurate information to people affected by their services, and in receiving feedback through group meetings, satisfaction surveys, post-

distribution monitoring, helpdesks and telephone help lines. In addition, CEA Standard Operating Procedures (SOPs) were formally approved and adopted into the HRC's emergency response mechanisms. In November 2018, with the support of IFRC, HRC carried out a three-day training-of-trainers, sensitising HRC staff on the importance of CEA. Eleven HRC staff participated from across the Society, subsequently committing to act as CEA ambassadors to advocate for and actively mainstream CEA in HRC.



Having developed a strong foundation, HRC took further steps to formally integrate and institutionalise CEA. In early 2019, the HRC governance board approved the creation of a CEA Coordinator position within the Social Welfare Division.

The main responsibilities of the CEA Coordinator are to:

- Conduct assessments and regular information collection to identify the information needs of vulnerable people, ensuring that appropriate and effective communication tools and channels are provided and used.
- Ensure that feedback is collected from people affected by emergencies and Red Cross work, compiled and analysed on a regular basis, and used to inform adaption and future actions.
- Ensure CEA coordination, knowledge and skill sharing, and training amongst HRC staff and volunteers.

The CEA coordinator works in close cooperation with all HRC divisions and programs, providing technical support, advice, and regular updates. The coordinator also uses this cross-cutting position as an opportunity to further drive the integration and mainstreaming of CEA. Standard Operating Procedures for CEA were approved in August 2019, the first official document setting out minimum standards for CEA that should be observed within every HRC program. These SOPs were created after six months of meetings, discussions, feedback and revisions from all relevant focal points in the National Society, creating a comprehensive yet simple document endorsed by the majority of HRC programs.



## Factors leading towards the institutionalisation process

Factors helping facilitate institutionalisation included:

Cooperation and interaction with IFRC and other National Societies who introduced the CEA concept, launched tools, methodologies and minimum standards, and later supported the development of the CEA strategy.

Engagement and involvement of HRC field staff who through their experiences recognised the positive impact of CEA and the necessity of incorporating the approach into programs and services.

The positive attitude, passion and commitment of CEA focal points within HRC who have contributed to mainstreaming CEA into the National Society's goals, roles and strategies, and their persistence in advocating to leadership on CEA and the benefits of accountability for the National Society as a whole.

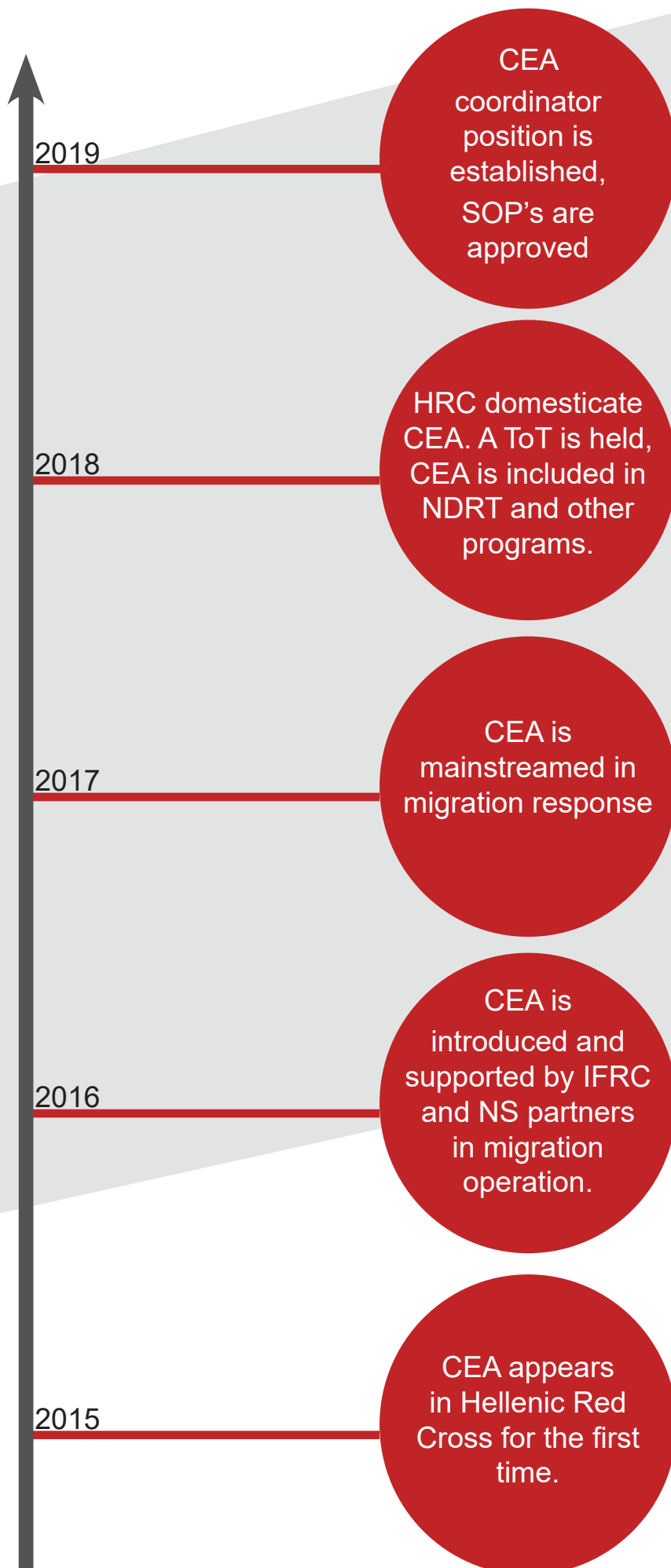
The fact that engaging with affected people and communities wasn't unknown within HRC and only new for certain departments and services, meant it was relatively straight forward for HRC staff to adopt CEA approaches into their day-to-day work.

Frequent and ongoing trainings, sensitization sessions, technical support and capacity building for HRC staff and volunteers at field and branch level as well as HQ.

Adoption and adaption of relevant CEA tools, materials, guidelines and processes, tailoring them to fit the context of HRC and the needs of staff and volunteers.

Engagement with senior leadership and their willingness to support the mainstreaming process and guide the CEA initiative forward.







## Challenges faced

Integrating CEA as a cross-cutting, rather than stand-alone, approach in all core domestic operations hasn't been easy and the institutionalisation process has faced many challenges. Some of the factors that created barriers to formalising the CEA commitments include:

Lack of human resources at HQ and branch level to support mainstreaming and internally advocate for and promote the importance and relevance of CEA.

HRC staff engaged and trained in CEA is often already overwhelmed with existing tasks and responsibilities, with community engagement and accountability activities simply added on top of these.

CEA was initially seen by staff and volunteers as a complicated approach. This needed to be "decoded", modified and adapted to fit HRC and be presented in a way which was familiar, practical and relevant, and able to inspire and persuade key staff.

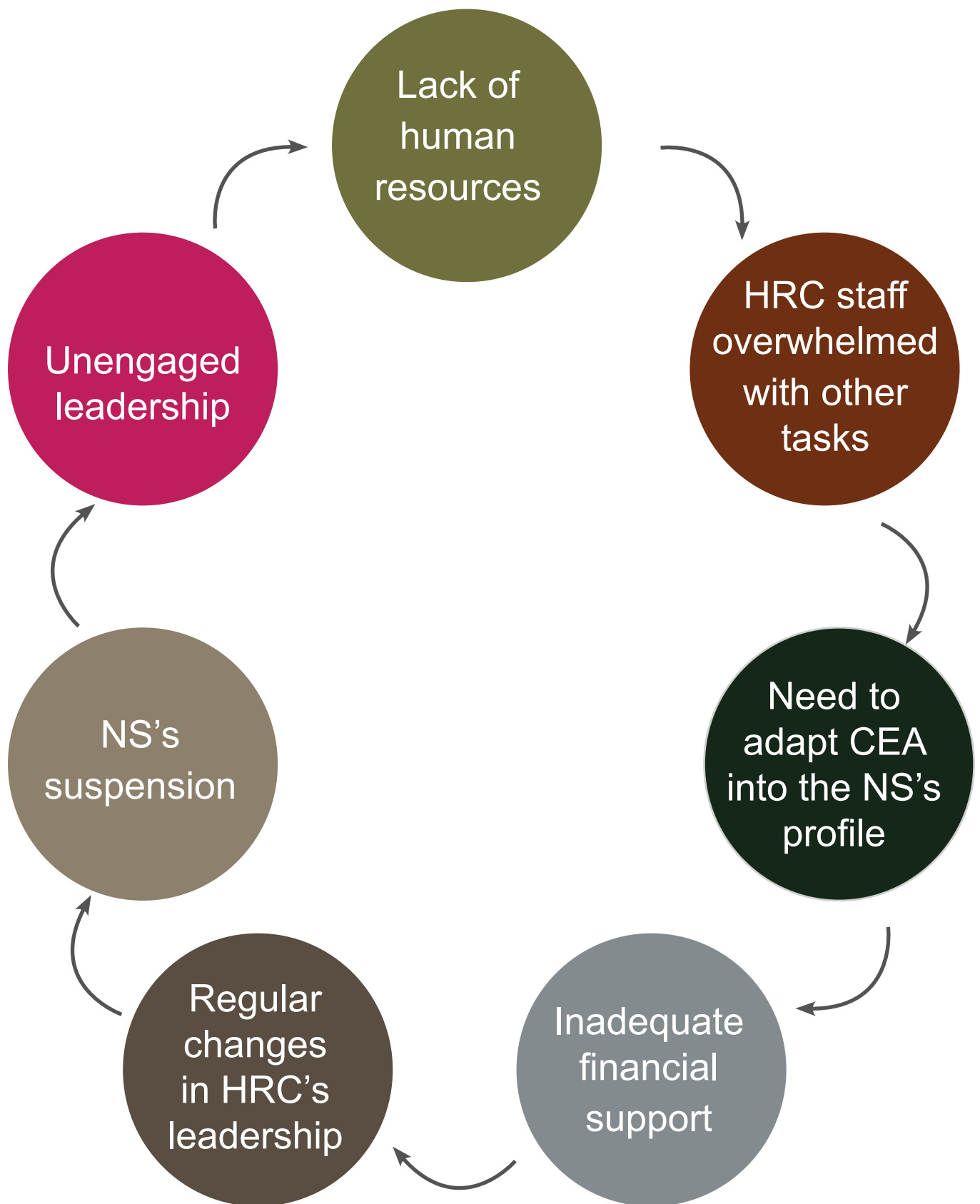
Lack of understanding of CEA at senior management level needed to be overcome for them to recognise its value and support the integration and implementation of CEA in domestic projects and activities.

HRC's suspension from the Movement for one year coincided with the institutionalisation process and blocked access to technical, financial and moral support from other National Societies and the IFRC.

Regular changes in HRC's leadership and governing board created the need to continuously brief and advocate to new members, with progress regularly stalled and efforts repeated due to the high turn-over.

Paucity of financial resources, including lack of access to institutional and donor funding (an issue again related to HRC's suspension), shrank the prospects for CEA initiatives - limiting production of materials and tools, reducing the opportunities for sensitisation and training sessions with local branches, and kerbing implementation of CEA activities.





## Lessons learned

So far, the CEA institutionalisation process in the Hellenic Red Cross has lasted five years. Through continuous and ongoing efforts, it has not only been kept alive, but succeeded, with CEA now being officially recognised, adopted and applied within our National Strategy. CEA activities were first implemented during the migration response, before gradually being applied to broader operations and normal programming within HRC. This transition period was accompanied by consolidation with training and knowledge-strengthening to bolster the integration of CEA into broader domestic programming. Staff and volunteers engaged in community accountability activities began to recognise and accept CEA as something already embedded in and necessary for their work, enabling them to see the positive impact of formalising and institutionalising CEA as an approach.

As with any new approach there were challenges - the suspension of the NS, and a frequently changing leadership to name just two - but throughout we managed to maintain our perseverance and motivation.

Over the years, well-designed and practically relevant trainings, sensitisation sessions and workshops have been key elements in maintaining the persistent integration of CEA, paving the way for the formal recognition of CEA standards in assessment, design and planning, implementation and monitoring, evaluation and learning, and their incorporation into HRC domestic social and health programs. Collaboration with IFRC and Partner National Societies was a key opportunity to access essential technical expertise and resources, and establish frameworks and minimum standards, as well as providing advocacy support for greater adoption and integration of CEA.

It is vital to recognise that institutionalisation is an ongoing process, not a one-time initiative, and requires long-term commitment. As a National Society, HRC is really only beginning to establish CEA policy and strategy which will continue to evolve, develop and improve to practically support the overall work of our National Society in the years ahead.





## Next steps

Our immediate next step is to fully institutionalise CEA in our national strategy 2020-2025, integrating CEA into operational plan sat both field and HQ levels. Integrating CEA across the full program cycle in all programs and activities and requiring all components of community engagement to be adopted and supported by all relevant operational personnel, as well as by HRC leadership, requires considerable organisational commitment and coordination. Prioritisation of CEA mainstreaming is necessary to integrate CEA into existing programs and ensure future projects are designed and built based on community engagement minimum standards. Engaging all HRC departments, and building capacity to enable the adoption of accountability mechanisms and consistent application of CEA standards, is core to the institutionalisation process.

We need to review and improve our internal and external accountability mechanisms and engagement frameworks, something we feel can be achieved through the development and application of CEA toolkits (materials, guidelines, activities, methodologies), the integration of CEA component sat all stages of the program cycle (effective communication techniques, feedback channels, monitoring and evaluation assessments, evidence-based advocacy), the continuation of trainings for staff and volunteers on the new standards and tools, and the creation of an internal mechanism to monitor CEA achievements and progress. In particular:

Establish CEA indicators and outcomes, to create a CEA performance measurement framework. Share existing CEA guidelines and toolkits, prioritise the provision of ongoing technical

assistance, capacity-building and knowledge-sharing for all HRC staff and volunteers at both branch and HQ level).

Adapt, create and develop additional CEA tools and guidelines based on specific needs of HRC volunteers, staff and programs.

Continue advocating for CEA with HRC leadership, governance and all other relevant stakeholders, emphasising their responsibility to promote CEA to all departments and programs.

Work with all Movement partners to share CEA knowledge and learning, good practices and tools.

Establish and monitor the CEA national strategy, annual plans and guidelines to support operationalisation of CEA in existing programs.

Regularly and systematically evaluate, assess, monitor and report on the implementation and integration of CEA SOP's into HRC departments.


Build greater awareness and understanding of how community engagement and accountability contributes to better outcomes for vulnerable people by continuing to provide technical advice and support on CEA policies, strategies and procedures to HRC departments and programs.

Maintain and extend a group of CEA goodwill ambassadors, including members of the leadership to advocate for stronger engagement and accountability to communities at decision-making and implementation levels, and secure further support for the SOP's.



## CEA Trainings


**467**  
 Trainees (staff and volunteers)


**33**  
 Trainings\* from 2017 to 2019

\* Basic principles of CEA, feedback mechanisms, management of complaints and CEA in emergency

Map of Greece with number of trainees



Map of Greece with number of trainings





# The 7 Fundamental Principles of the International Red Cross and Red Crescent Movement

## **Humanity**

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

## **Impartiality**

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

## **Neutrality**

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

## **Independence**

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

## **Voluntary service**

It is a voluntary relief movement not prompted in any manner by desire for gain.

## **Unity**

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

## **Universality**

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



