## International Federation of Red Cross and Red Crescent Societies (IFRC)

**CEA CHECKLIST FOR HEALTH IN EMERGENCIES**

​This checklist provides practical actions you can take during emergency operations to help it run as smoothly as possible by ensuring a good level of engagement with the community. These actions are mostly already included in guidance for public health, as well as epidemic and pandemic preparedness (e.g.,eCBHFA, EPiC, etc.). The list below can be used as a way to ‘cross-check’ what is already being done and to identify any gaps or areas where community engagement could be strengthened. For more information on the link between behaviour change, and risk communication and community engagement, ￼read this section in the CEA guide.

**Generally, the minimum measures will apply:**

* In the early stages of a response i.e., the first few months
  + For smaller emergencies, with a shorter timescale i.e., less than six months
  + When there is limited community engagement and accountability experience and capacity within either the National Society, or as surge support
  + When there are limited funds and human resources available for the response

**Generally, the advanced measures will apply:**

* Later in the response, i.e., from month three onwards
* For larger or protracted emergencies, with a longer timescale i.e., more than six months
* When there is a good level of community engagement and accountability experience and capacity, within the National Society or as surge support
* When the response has a good level of funding and human resources

*Score Key: A= Achieved, PA = Partially Achieved, NA = Not Achieved, N/A = Not Applicable*

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| **AT ALL STAGES OF THE RESPONSE** | | | **In Charge?**  **HQ or Branch (B)** | **Why?** | **Scoring** | **Justification for scoring** |
| **Minimum:**   * **All health staff and volunteers are briefed on CEA**, understand the principles and are aware of the responsibilities outlined in this ￼tool.   [*Here*](https://communityengagementhub.org/wp-content/uploads/sites/2/2021/12/Tool-25.-CEA-in-emergencies-briefing.docx) *is the standard CEA in emergencies briefing but check with the CEA focal point for the operation.*   * The whole health team is **aware of who the community engagement focal point for the operation is**. If you have a bigger health team, appoint someone as the health focal point for community engagement. | | | HQ + B  HQ + B | We risk duplicating activities, or creating tensions and blockages if staff and volunteers do not understand how CEA fits into health programming and links with core health resources, and how everyone has a role to play to ensure we are working in partnership with communities. | **A  PA  NA  N/A**  **A  PA  NA  N/A** |  |
| **Advanced:**   * Integrate community engagement and accountability in all **health trainings**.   *The* [*one-day emergency-specific training packages*](https://communityengagementhub.org/resource/cea-one-day-training-package-english/) *can help you do so.* | | | HQ | **A  PA  NA  N/A** |  |
| **ASSESSMENT & CONTEXT ANALYSIS** | | |  | **Why?** | **Scoring** | **Justification for scoring** |
| **Minimum:**   * **Look for available data about the community**. Check if relevant data had already been collected previously, or by others, and only collect data that is missing and useful.   [*Tool 13 on CEA in assessments*](https://communityengagementhub.org/wp-content/uploads/sites/2/2020/03/TOOL-13.-CEA-in-Assessment-tool.docx) *and the eCBHFA* [*Community Assessment Tool Part 1*](https://ifrcorg.sharepoint.com/sites/IFRCSharing/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FCommunity%20Health%20Team%2FeCBHFA%2FeCBHFA%20Assessment%20Module%2FeCBHFA%20Assessment%20Module%2FAssessment%5FVolManual%5FTopic3%2Epdf&parent=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FCommunity%20Health%20Team%2FeCBHFA%2FeCBHFA%20Assessment%20Module%2FeCBHFA%20Assessment%20Module&p=true&ga=1) *provides guidance on collecting secondary information (p 2-5).The*  [*Community-Based Surveillance Assessment tool*](https://www.ifrc.org/sites/default/files/IFRC_CBS_Assessment_EN_2019_Web-1.pdf) *(p 10,11) also includes useful information.*   * **Get a basic understanding of the community’s needs, priorities, and context related to health** through simple, fast approaches such as direct observation, secondary data, key informant interviews and speaking to local volunteers. Find out if there are vulnerable groups who might struggle to access health services. Make sure to coordinate with the CEA focal point and other sectors to avoid duplication.   [*Tool 13*](https://communityengagementhub.org/wp-content/uploads/sites/2/2020/03/TOOL-13.-CEA-in-Assessment-tool.docx) *provides more information on assessments, p. 40 in the* [*CEA guide*](https://communityengagementhub.org/wp-content/uploads/sites/2/2019/06/20211020_CEAGuidelines_NEW1.pdf) *on context analysis, and the eCBHFA* [*Community Assessment Tool Part 1*](https://ifrcorg.sharepoint.com/sites/IFRCSharing/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FCommunity%20Health%20Team%2FeCBHFA%2FeCBHFA%20Assessment%20Module%2FeCBHFA%20Assessment%20Module%2FAssessment%5FVolManual%5FTopic3%2Epdf&parent=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FCommunity%20Health%20Team%2FeCBHFA%2FeCBHFA%20Assessment%20Module%2FeCBHFA%20Assessment%20Module&p=true&ga=1) *provides detailed guidance on transect walks (p 6-9), community mapping (p 10-14) and seasonal calendar (p 14-20)*   * **Avoid separate assessments for health** and contribute to joint and/or multi-sector assessments to avoid negative effects such as frustration and survey fatigue.   [*Planning the Assessment Tool*](https://ifrcorg.sharepoint.com/sites/IFRCSharing/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FCommunity%20Health%20Team%2FeCBHFA%2FeCBHFA%20Assessment%20Module%2FeCBHFA%20Assessment%20Module%2FAssessment%5FVolManual%5FTopic2%2Epdf&parent=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FCommunity%20Health%20Team%2FeCBHFA%2FeCBHFA%20Assessment%20Module%2FeCBHFA%20Assessment%20Module&p=true&ga=1) *provides steps on how to plan assessments and this* [*tool*](https://ifrcorg.sharepoint.com/sites/IFRCSharing/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FCommunity%20Health%20Team%2FeCBHFA%2FeCBHFA%20Assessment%20Module%2FeCBHFA%20Assessment%20Module%2FAssessment%5FVolManual%5FTopic5%2Epdf&parent=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FCommunity%20Health%20Team%2FeCBHFA%2FeCBHFA%20Assessment%20Module%2FeCBHFA%20Assessment%20Module&p=true&ga=1) *includes information on field-testing and implementing different assessment tools*   * In case a separate health assessment is conducted:   + Discuss it in advance with key people in the community, including leaders, heads of community groups and associations, Red Cross Red Crescent volunteers and local authorities.   + Organise a community meeting and provide information on the National Society, the purpose and process of the assessment, what people can and cannot expect, staff and volunteer codes of conduct and behaviour and how people can ask questions or raise concerns.   [*Tool 17*](https://communityengagementhub.org/wp-content/uploads/sites/2/2020/03/Tool-17.-Community-meetings-tool.docx) *can help you with that.*   * Brief staff and volunteers on the assessment purpose, process and what happens next, so they can answer questions accurately and avoid raising unrealistic expectations about the response. (Re)Brief assessment teams (including drivers) on the code of conduct, prevention of sexual exploitation and abuse, anti-fraud and corruption, and how to manage feedback and complaints.   [*Tool 10*](https://communityengagementhub.org/resource/cea-toolkit/) *provides a template code of conduct briefing.*   * **Attend external coordination meetings** to gather information on what others are doing, and discuss assessment plans and findings, to identify areas for collaboration and avoid duplication. | | | HQ  HQ + B  B  B  B  HQ + B  HQ + B | We can only reach and work with all groups of the community, if we understand who they are and how the community functions.  We are mostly not the only ones operating in the area, and can use knowledge already gathered by others, or collect the information together to save resources, and avoid survey fatigue. | **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A** |  |
| **Advanced:**   * Consider and support an interagency joint assessment to save time, resources and avoid assessment fatigue in communities. * In case a separate health assessment is conducted: * Conduct a more in-depth needs and context analysis to get a more in-depth understanding of the needs, preferences, and context. Find out if there are vulnerable groups who might struggle to access health services.   [*Tool 13*](https://communityengagementhub.org/wp-content/uploads/sites/2/2020/03/TOOL-13.-CEA-in-Assessment-tool.docx) *provides more information for assessments,* [*Tool 16*](https://communityengagementhub.org/wp-content/uploads/sites/2/2020/03/TOOL-13.-CEA-in-Assessment-tool.docx) *on how to conduct focus group discussions and p. 40 in the* [*CEA guide*](https://communityengagementhub.org/wp-content/uploads/sites/2/2019/06/20211020_CEAGuidelines_NEW1.pdf) *on context analysis.* The complete [eCBHFA Volunteer Manual](https://ifrcorg.sharepoint.com/sites/IFRCSharing/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FCommunity%20Health%20Team%2FeCBHFA%2FeCBHFA%20Assessment%20Module%2FeCBHFA%20Assessment%20Module%2FNC%5FAssessment%5FVOLMANUAL%2Epdf&parent=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FCommunity%20Health%20Team%2FeCBHFA%2FeCBHFA%20Assessment%20Module%2FeCBHFA%20Assessment%20Module&p=true&ga=1) includes detailed information on planning and conducting different community assessments   * Train assessment teams on good communication skills and responding to feedback, including how to manage expectations.   *Use the* [*one-day training on good communication skills and complaints handling*](https://media.ifrc.org/ifrc/document/tool-14-training-communication-skills-training-materials/)*.*   * Share the results of the assessment with community representatives and cross-check they are accurate and discuss anything that is still unclear.   Use the eCBHFA Tool on [confirming assessment findings with the community](https://ifrcorg.sharepoint.com/sites/IFRCSharing/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FCommunity%20Health%20Team%2FeCBHFA%2FeCBHFA%20Assessment%20Module%2FeCBHFA%20Assessment%20Module%2FAssessment%5FVolManual%5FTopic7%2Epdf&parent=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FCommunity%20Health%20Team%2FeCBHFA%2FeCBHFA%20Assessment%20Module%2FeCBHFA%20Assessment%20Module&p=true&ga=1) to help you | | | HQ + B  HQ + B  B  B | **A  PA  NA  N/A**  **A  PA  NA  N/A** |  |
| **PLANNING** | | |  | **Why?** | **Scoring** | **Justification for scoring** |
| **Minimum:**   * Ask whether there are existing **community committees** who you can contact to introduce the Red Cross, our fundamental principles and the purpose of the health intervention. Make sure to contact women, elderly, disabled and other vulnerable group representatives. If there is no pre-existing committee then consider creating one. Be clear about the role of the committee before, during and after the health activities. * **Discuss health plans** with the community committee or a mix of community representatives including leaders, heads of groups and associations, Red Cross Red Crescent volunteers and local authorities. Check activities will meet the needs and priorities of the community and ask about the best ways to deliver them. If feasible, discuss what should happen at the end of the operation and how the community and/or other stakeholders could take over health activities.   *Use this* [*tool*](https://ifrcorg.sharepoint.com/sites/IFRCSharing/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FCommunity%20Health%20Team%2FeCBHFA%2FeCBHFA%20Assessment%20Module%2FeCBHFA%20Assessment%20Module%2FAssessment%5FVolManual%5FTopic8%2Epdf&parent=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FCommunity%20Health%20Team%2FeCBHFA%2FeCBHFA%20Assessment%20Module%2FeCBHFA%20Assessment%20Module&p=true&ga=1) *to help you develop an action plan with the community*   * **Discuss with key community representatives how to best work together on health activities**, including how, when and what information should be shared, how feedback should be managed, and the best approaches for community participation. This can for example include discussions on utilizing existing health committees or setting up community committees for managing facilities and/or feedback, agreeing on steps for how to discuss and act on feedback, and roles and responsibilities. * **Coordinate with all sectors** to ensure plans are complementary and won’t lead to duplication in communities. * Check with finance and logistics that the plans are achievable before commitments are made to the community. Plans should also be discussed with government and other responders to avoid duplication and identify opportunities for collaboration and sustainability. * If relevant, share the **vulnerability and selection criteria** with the community committee or representatives of the community **for everyone to access and understand.** * Consider **referrals from trusted sources** that can be verified to reduce exclusion error. Trusted sources could be government social services and local authorities, volunteers, religious or community leaders and civil society groups, for example. * **Communicate selection criteria widely and clearly**, with recipients and non-recipients, using a range of channels and approaches, even when the criteria are already fixed (e.g., pregnant women). * **Coordinate with the broader team on how communities are engaged in the whole response** and integrate the strategy in the health plan. Explain in the health section of the response plan narrative and the health activity plan how information will be shared with communities, participation supported, and feedback managed. | | | B  B  B  HQ + B  HQ  B  B  HQ + B | If we plan together with the communities, there is a higher chance what we will be doing is relevant, trusted, and sustainable.  We need to coordinate with other sectors to ensure are plans complement each other, and with support services to ensure what we agree to do is realistic and feasible. | **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A** |  |
| **Advanced:**   * **Use participatory planning approaches**, such as community workshops and meetings, human-centred design, vulnerability capacity assessments or activities such as ranking, decision trees, mapping, etc. Engage all groups in the community in planning the response.   *See pages 50-57 of the* [*CEA guide*](https://communityengagementhub.org/wp-content/uploads/sites/2/2019/06/20211020_CEAGuidelines_NEW1.pdf) *for more on participatory planning and* [*this guidance note*](https://watsanmissionassistant.org/wp-content/uploads/2019/12/07-guidance-note-gender-in-water-and-sanitation-en_lr.pdf) *helps you consider gender and diversity aspects.*   * **Participate in or organise community meetings to discuss the final response plan** before implementing to ensure clear goals are defined, and it meets community needs and expectations.   [*Tool 17*](https://communityengagementhub.org/wp-content/uploads/sites/2/2020/03/Tool-17.-Community-meetings-tool.docx) *can help you to organise community meetings* and *this* [*tool*](https://ifrcorg.sharepoint.com/sites/IFRCSharing/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FCommunity%20Health%20Team%2FeCBHFA%2FeCBHFA%20Assessment%20Module%2FeCBHFA%20Assessment%20Module%2FAssessment%5FVolManual%5FTopic8%2Epdf&parent=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FCommunity%20Health%20Team%2FeCBHFA%2FeCBHFA%20Assessment%20Module%2FeCBHFA%20Assessment%20Module&p=true&ga=1) *can help you develop an action plan with the community*   * **Agree on selection criteria with the community** as they may have different perceptions of who is most in need. Do this by engaging with a wide range of groups, including those who are not likely to receive support. Keep in mind local power structures and social hierarchies and how they could impact people’s suggestions on selection criteria and targeting. Communities may not agree with or understand why selection processes are needed, so explain why the National Society cannot help everyone equally e.g., limited resources.   [*Tool 18*](https://communityengagementhub.org/resource/cea-toolkit/) *provides guidance on participatory approaches to selection criteria*  **Discuss with community groups and those being targeted, the safest and most efficient ways to provide health services or organise health promotion sessions.** Ask the community to help manage the service provision or organisation of events, including who shouldn’t be involved. | | | HQ + B  B  B  B | **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A** |  |
| **IMPLEMENTATION & MONITORING** | | |  | **Why?** | **Scoring** | **Justification for scoring** |
| **Minimum:**   * **Systematically share information on health** plans, progress, activities, selection criteria and service provision processes, delays and challenges, and people’s rights and entitlements. Stress that aid is free to minimise the risk of sexual exploitation and abuse and corruption. Provide a question-and-answer (Q&A) sheet to volunteers to use when in communities to help them share consistent information.   [*This communication methods matrix*](https://communityengagementhub.org/wp-content/uploads/sites/2/2020/03/TOOL-19.-Communications-methods-matrix.docx) *(Tool 19) can help you. See below the questions to include in the Q&A sheet.*   * **In case of services provided in medical facilities or mobile health units, ensure there is a lot of signage**, in pictures and using local language. Serve vulnerable groups first –pregnant women, elderly, anyone with disabilities. There should be an **information desk** with a clear process for how to deal with different questions, complaints and feedback. The information desk should be available also for those not targeted with assistance.   *See below for lists of signs you should have and advice on setting up an information desk.*   * **Communicate clearly when the health activities are ending**, what will be handed over, who the community can contact in case of issues and sources or referrals for ongoing support. Staff and volunteers should be kept informed too, so they can accurately answer community questions.   [*Tool 20*](https://communityengagementhub.org/wp-content/uploads/sites/2/2020/03/Tool-20.-Exit-strategy-guidance.docx) *can help you with the exit strategy.*   * Have regular meetings with the community committee or regular community meetings or focus group discussions, to **involve the community in key decisions relating to the health services**. Consult a representative cross-section of the community including men, women, and any marginalized groups.   *This tool can help you organise focus group discussions (*[*Tool 16*](https://communityengagementhub.org/wp-content/uploads/sites/2/2020/03/TOOL-13.-CEA-in-Assessment-tool.docx)*).*   * Contribute to the **set up and management of a community feedback mechanism** and make sure all staff, volunteers and recipients of health services are aware of the mechanism.   *For more about community feedback, see the* [*IFRC Feedback Kit.*](https://communityengagementhub.org/guides-and-tools/complaints-and-feedback/)   * Proactively check the operation is meeting people’s needs, reaching the most at-risk groups, and support is being provided in the right way. This can be done during the exit-monitoring.   *See below monitoring questions you can use.*   * **Monitor the impact the response** is having in the wider community to ensure there are no unintended negative consequences that could cause harm to people. * **Discuss community feedback and monitoring data** as a standing agenda item in staff, volunteer and management meetings, with enough time to discuss how the operation should be adjusted to act on issues raised by the community. | | | HQ + B  HQ + B  HQ + B  B  HQ + B  HQ + B  HQ + B  HQ + B | When sharing information about the progress and timelines, we pre-empt misunderstandings and enable community members to prepare for the end of the project.  Regular communication also allows us to be aware of issues and make changes and improvements in real time. | **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A** |  |
| **Advanced:**   * **Establish mechanisms to hand over more decision-making power to communities**, for example through community committees or supporting community-led action plans. Discuss ongoing operational issues and ask for community input to key decisions. Check that the committee is trusted and performing its role as the bridge between all ground in the community and the National Society. * **Organise planning meetings with community representatives and members** to discuss what should happen after the operation ends and agree on an exit plan.   *Here is a tool to help you with the exit strategy (*[*Tool 20*](https://communityengagementhub.org/wp-content/uploads/sites/2/2020/03/Tool-20.-Exit-strategy-guidance.docx)*).*   * Regularly **share feedback insights, reports and/or non-sensitive feedback data related to health with other humanitarian stakeholders** via email or in coordination meetings. Where needed, advocate for collective action to address broader issues raised in community feedback, in coordination or bilateral meetings. * **Capture examples** of when health activities have been adjusted and impact improved because of community feedback. | | | B  HQ + B  HQ + B  HQ | **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A** |  |
| **EVALUATION & LEARNING** | | |  | **Why?** | **Scoring** | **Justification for scoring** |
| **Minimum:**   * **Ask a cross-section of community members if they are satisfied** with the timeliness, quality and effectiveness of the health services provided, the way it was delivered, and what could be improved for future operations. Include these questions in the evaluation survey or ask them through key informant interviews, focus group discussions or community meetings, if no evaluation is planned. * **Share evaluation findings** with colleagues so that others can benefit from lessons learned and avoid repeating mistakes. If there are ongoing activities like maintenance and repair work, make sure that lessons learned are considered in these ￼activities. | | | HQ + B  HQ + B | Community member’s satisfaction with the operation is a key measure of success. Issues raised enable us to learn from mistakes and enable us to do better in future operations. The inclusion of key stakeholders in lessons learned and reviews can further increase the acceptability and visibility of health activities. | **A  PA  NA  N/A**  **A  PA  NA  N/A** |  |
| **Advanced:**   * Ask community representatives and members about the **best way to carry out the evaluation.** * Have the **community lead and carry out the evaluation** process themselves.   *See page 70 in the* [*CEA guide*](https://communityengagementhub.org/wp-content/uploads/sites/2/2019/06/20211020_CEAGuidelines_NEW1.pdf) *for more on participatory evaluations*   * Go back to communities and **discuss the findings of evaluations and next steps** with them, for instance through meetings or workshops. * Share evaluation findings with external partners to ensure others can benefit from lessons learned and avoid repeating mistakes.   *See page 69 in the* [*CEA guide*](https://communityengagementhub.org/wp-content/uploads/sites/2/2019/06/20211020_CEAGuidelines_NEW1.pdf) *for examples of participatory evaluation tools.* | | | B  HQ + B  B  HQ | **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A**  **A  PA  NA  N/A** |  |



1. Common questions to include on a question-and-answer sheet for staff and volunteers

* Who is the Red Cross Red Crescent?
* What kinds of health services are provided, or activities organised?
* When is the service centre open/when and how often do the mobile health units come?
* How do I access the health services? How can I participate in activities? Do I need to register?
* Is the service centre open for everyone?
* Why are you not helping everyone?
* Do I have to pay or give anything in return for this support?
* We need help now, so why are you asking all these questions?
* When will you come back, and what will you do?
* How can I become a volunteer?
* How can I share feedback? How can I make a complaint?

1. List of key information to share with communities

* How to access services (e.g., opening hours of the service centre, dates, and times of mobile health units, how to register for services.) - Include noticeboards and/or information desk outside of the service centre, distribute leaflets with graphics, create videos and share on URCS platforms).
* That aid is provided free of charge – to minimise the risk of corruption and sexual exploitation and abuse
* *If applicable:* What your selection criteria is – use pictures to demonstrate this (e.g., a poster of a pregnant women)
* Who can access the service centre – to demonstrate this is done fairly and transparently and address any concerns people have about not being included.
* Why you are not able to help everyone – limited resources, need to prioritize the most vulnerable of the aid is targeted at a specific group
* Process to provide feedback, including on how to share concerns and make complaints (share the feedback channels on leaflets, noticeboards, URCS website; create a simple satisfaction survey that patients can fill out when they leave the clinic)

1. Advice on having an information desk

An information desk is very important at any medical facility or mobile health unit as it gives people a place, they can go to ask questions that is separate from the service provision, meaning your services are less likely to be disrupted and the community feel their concerns have been listened to. Some advice for an information desk includes:

* Develop a clear process for how to respond to different questions and complaints – decide in advance how you will respond to likely questions like ‘I meet the criteria and you didn’t assess me’ and be clear about what you can respond to and what you cannot. If possible, have an investigation process if people genuinely seem like they were missed in the registration. An option could be using local leaders (if they are trustworthy) to verify the claims people are making.
* Provide extra community engagement training for the staff or volunteers who will manage the information desk.
* Prepare a question-and-answer sheet to help information desk volunteers respond to the different questions they will likely receive.
* The information desk should give people privacy to make a complaint and include a male and female volunteer.
* Have a table and chairs for both the volunteers and the person making the complaint.
* The information desk should be clearly signposted.
* Have a method for recording the feedback you received – this can be on paper, on a spreadsheet on a laptop, on a mobile device using mobile data collection.
* If possible, have a list or referral pathway to other agencies you can refer people to for specific services (SGBV, hospital, water, food distributions, PSS etc).

1. CEA and Protection, Gender and Inclusion questions you can include in your monitoring assessment

In addition to the volunteers, you need for health programming activities, consider adding;

* Were you able to access services safely? If not, what could be improved to help improve safety?
* Were you satisfied with the amount of information shared with you about the health services? If no, what was missing?
* Did you have to pay to access the services or participate in activities? If yes, to whom?
* Were you given enough information about how to access services?
* Were there any security problems during / after the service provision/activities? Did you feel unsafe at any point?
* Did you know how to ask questions or make a complaint?
* If you used the information desk/called the hotline/ spoke to a volunteer, how satisfied were you with the response you received?
* How satisfied are you with the overall behaviour and support of Red Cross Red Crescent volunteers and staff?
* Do you have any comments, ideas for improvement or anything else you would like to mention?