



Mid-term review

CEA Strategy for Africa 2020 – 2023

Conducted from October – December 2022

1. Background

Community engagement and accountability (CEA) is an approach to Red Cross Red Crescent programming and operations that helps to put communities at the centre of what we do by integrating two way-communication and participation throughout the programme cycle or operation. Despite this increased emphasis on engaging communities, putting these commitments into action remains a challenge. This gap between rhetoric and reality means that while participatory approaches have long been a part of many programmes and operations, the Movement does not always systematically engage communities as well as it should. This can erode trust between affected communities and our Red Cross and Red Crescent National Societies, limiting our ability to ensure that our programmes and operations are people-centred, relevant and sustainable. Therefore, IFRC has developed a [CEA Strategy for Africa](#), providing Movement partners working in Africa with a clear and coordinated approach to strengthening accountability to communities across Africa. Rooted in practical evidence, it outlines the enabling factors that will help to strengthen community engagement, as well as the barriers that may be preventing more meaningful progress. It provides clear and actionable steps for leadership, programme, operational, and support staff, as well as community engagement focal points. It demonstrates how everyone has a role to play in institutionalizing community engagement to ensure that all Movement members are consistently and meaningfully accountable to the people we serve.

Having entered the final year covered by the strategy, we have conducted a review of the CEA Strategy for Africa 2020 – 2023 to assess where we have made progress and which areas we still need to invest in to see the change we want. This information, together with an externally conducted impact research on the effects of investments in CEA support to National Societies (NS), further Force Field Analysis, KIIs and FGDs to be conducted throughout 2023, will feed into the development of the new CEA Strategy for Africa for 2024 – 2027.

2. Executive Summary

Below is a brief overview of the progress made against each strategic change and the challenges remaining.

Change #1 – Strengthen knowledge and capacity in community engagement and accountability

Progress

- COVID-19 has helped to spotlight and raise the profile of CEA
- There has been increased CEA capacity and skills over the last three years
- Four aspects that need to be in place for increased progress on CEA in an NS are (1) to have a CEA strategy (2) management support (3) funding and (4) a data team
- There has been an increased number of CEA focal points in place in NS compared to three years ago – however, 100% time dedication is key

Challenges

- CEA knowledge and skills are not being cascaded or trickled down to branch level in a systematic way
- Volunteers are the bridge to the community, but receive the least CEA capacity strengthening
- CEA training is not a standard practice in staff onboarding, and combined with high staff turn-over this results in reduced institutional memory around CEA in African NSs

Change #2 – Integrate community engagement and accountability into ways of working

Progress

- There is clear evidence that CEA is becoming more consistently integrated into strategies, annual plans, frameworks, policies and SOPs in the region
- African NS are taking concrete steps to ensure they inform the communities and other stakeholders on the RCRC mandate and the communities' right to complain and provide feedback during the planning stages of programmes

- African NS regularly ask about the community's needs, priorities, capacities and concerns during the assessment phase of programmes
- The majority of African NS are regularly collecting feedback data and can cite examples where they have used it to adapt programming (although this is not always being done systematically)

Challenges

- There is often significant focus on implementing CEA activities but less investment in measuring the effectiveness or impact of CEA within programmes and operations
- 'Closing the feedback loop' with communities is not being done on a regular basis, and using feedback data to adapt and inform programming remains ad hoc
- African NSs' capacity to analyse and visualize qualitative and quantitative data is often limited, which hinders their ability to strategically use data for action and decision making
- Participatory approaches for decision making – beyond one-off consultation meetings – are not being integrated systematically within all stages of the programme cycle

Change #3 – Better document success and lessons learned

Progress

- Data is being increasingly disaggregated by African NS on people reached by sex, age and disability
- Lessons learned workshops are being conducted more regularly by African NS, albeit they are often only done at the end of the project

Challenges

- Impact research and case studies are not regularly being commissioned due to lack of money, time and capacity

Change #4 – Increase organizational support and resources

Progress

- African NS feel their leadership takes their ideas, suggestions and opinions into account
- It is clearly demonstrated that senior management support has led to prioritization of CEA being scaled up in the region

Challenges

- African NS still face lack of time, funding and human resources for institutionalizing CEA at the organizational level
- African NS struggle with advocacy or promotion for the inclusion of CEA at senior management level
- Project staff in African NS sometimes think CEA is already done, often leading to it not being scaled to full potential
- Lack of understanding of CEA leads to lack of political will to prioritize CEA, which leads to lack of funding

Change #5 – Promote a culture of accountability internally and externally

Progress

- Internal feedback mechanisms for staff to share concerns is in place in many African NS, although it's unclear how often they are used or if feedback is acted upon

Challenges

- African NS and IFRC staff feel they are often not involved in decisions made by senior management

3. Methodology and respondents

For the CEA strategy review, the IFRC regional team used an online questionnaire for all Movement staff active in supporting CEA in the African region, Key Informant Interviews (KIIs) with African National Societies (NS)¹ and IFRC staff, and Focus Group Discussion (FGD) guides for communities in two countries, Malawi, and Zambia.

The online questionnaire was administered via Kobo and sent out through the CEA Africa WhatsApp group and via an e-mail sent out by the Regional Director to all NS, IFRC, ICRC and PNS staff working in the Africa region. It was available between September 20th and October 5th 2022. It was made available in English, French and Portuguese.

A total of 52 respondents completed the questionnaire with quite a good representation across the board from NS² (54%) to PNS (25%) and IFRC (15%) and ICRC (6%). Two regions within Africa were somewhat underrepresented with only 1 respondent from Central Africa and 2 respondents from Southern Africa. The graph below provides an overview of the number of respondents of PNS, ICRC, IFRC and NSs from different African regions.

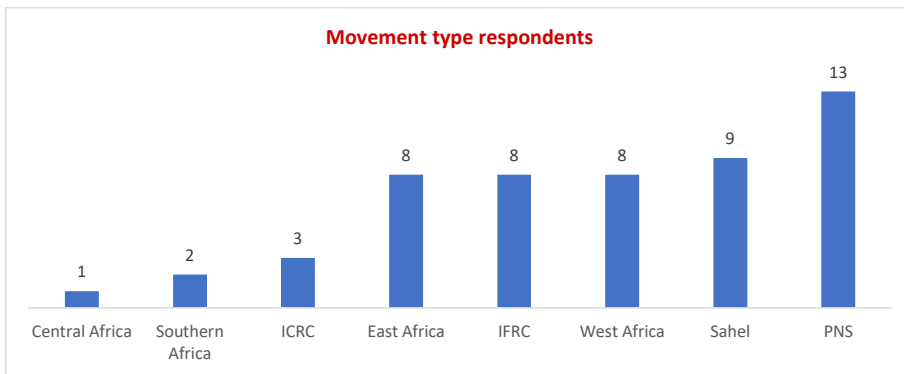


Figure 1

In addition to the online questionnaire the IFRC CEA regional team has interviewed Key Informants from both NSs and IFRC. In total 18 staff from NSs and 7 IFRC staff have been interviewed about the extent to which their NS or the NSs they work with have improved in their CEA integration over the past three years.

Lastly, FGDs with community members have been conducted by NS teams in Zambia (3 FGD's) and Malawi (6 FGD's) to also gain the views from the community on the progress made by their Red Cross National Societies' CEA approach. The exact division of male and female participants for these FGDs is unknown, however both NSs tried to balance the division of sex during FGDs – meaning they aimed to include 50% women and 50% men.

The analysis of the quantitative data has been done using pivot table in Excel, whereas the analysis of the qualitative data has been done by clustering the data into thematic areas.

¹ RC National Societies who have participated in the KIIs are the following: Zambia, Nigeria, Malawi and Ivory Coast.

² RC National Societies from the following countries have participated in the survey (list is not exhaustive, because some respondents did not indicate from which specific NS they reported): Benin, Burundi, Eswatini, Cameroon, Chad, Guinea, Mali, Sudan, South Sudan, Sierra Leone.

3. MID-TERM REVIEW OF THE 5 STRATEGIC CHANGES

The findings of the data collected are analyzed according to the five strategic changes set out in the CEA Strategy for Africa, this means that the data from the quantitative survey and the qualitative KIIs are combined. Since the quantitative data is not representative, we refrain from mentioning percentages and speak in more general terms, except in the graphs we use. These graphs should be read with the sidenote that the data presented is not representative.

Change #1 – Strengthen knowledge and capacity in community engagement and accountability

Progress

- **Enablers:** NS who have a CEA Strategy in place, senior management support for CEA, dedicated CEA funding, and a data team, are best able to mainstream CEA as an approach in all their programming.
- **Increase in CEA focal points:** The majority of the respondents report that NSs have a CEA focal point in place.
 - o But, when NSs have a CEA focal point who can dedicate their work for 100% of their time – as opposed to double or triple hatting with PMER or PGI, for example - this significantly increases capacities and knowledge on CEA throughout all staff levels in their NS, and helps to ensure there is momentum in integrating it into all programmes and operations.
- **Improved capacity and skills:** The majority of respondents from NSs see an improvement on capacity and skills in CEA due to an increase in staff being trained, compared to 3 years ago (before the CEA Strategy for Africa was in place).
 - o IFRC staff reported that the COVID-19 pandemic was a catalyst for prioritization of CEA, as it demonstrated the importance of building trust with communities. In a short period of time, there was a huge increase in capacity, knowledge and desire to prioritise CEA. This increase in capacity of CEA can be partly demonstrated by the fact that 43 of 49 NS have collected, analysed and acted on over 170,000 community feedback comments since the start of the outbreak: <https://go.ifrc.org/emergencies/4583#community-data>
 - o This has reportedly resulted in more staff using a CEA approach when interacting with communities, and ensuring they always incorporate the views of the communities in everything they do, which in turn has led to increased acceptance and trust by the communities.

Challenges

- **Training is ad hoc:** African NSs are taking the initiative to train their staff and volunteers in CEA, however not as a standard practice during staff onboarding. This means frequency of trainings remains ad hoc. As there is often high staff turn-over in many organisations, this results in only a small percentage of staff being fully trained on CEA and reduced institutional memory around CEA at NS level – as can be seen in figure 2. However, it should be noted that lack of institutional memory is a gap not just for CEA but more broadly across the organization.
- **Volunteers are lacking capacity strengthening:** Volunteers are reported to still be the least trained compared with branch or HQ staff. During the KIIs, African NS staff indicated that this should be improved since they are the key people interacting with the communities.
 - o Additionally, training on the importance of collecting and acting on community feedback is not always passed on to volunteers. This often results in a poor data flow between branch level and HQ around collection, analysis and action on feedback.
- **CEA focal point capacity:** Although the majority of African NS have a CEA focal point in place, they are often not able to dedicate 100% of their time to CEA. Findings from this review, as well as a recent [survey](#) conducted by the Danish Red Cross on CEA capacity, indicated that CEA focal points are usually someone who *also* has CEA in their portfolio alongside other workstreams.

“We are still on a journey where the NS need to see the added value of using feedback and improve the engagement between them and the communities to improve their own operations and programming, before they will include CEA in their own budgets.” – IFRC interviewee

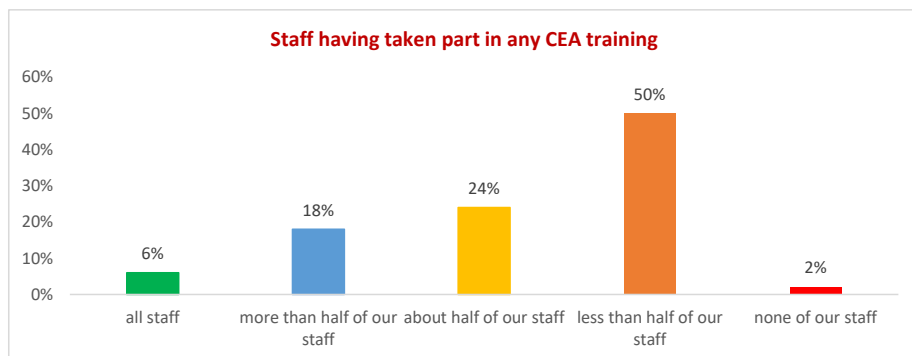


Figure 2

Change #2 – Integrate community engagement and accountability into ways of working

Progress

- **Inclusion of CEA in strategies and plans:** The majority of the respondents report that CEA is included in the NSs annual plans, delegation or organizational strategies, or in frameworks, policies and SOPs. This has led to significant improvement over the last three years of integration of CEA in ways of working, which was mentioned by many KII interviewees. One sidenote to this progress, is that many CEA strategies are not finalised by the board so they're not being actively monitored and or funded.
- **Regularly holding orientation meetings:** The majority of the respondents report that NSs always ensure that at the start of a programme or operation communities understand who they are and what they are planning to do, what our fundamental principles are, the code of conduct and their contact details.
- **Understanding context:** Around half of respondents report that NSs always ask communities about their information needs and preferred communication channels, and are consulted about their support needs, priorities, concerns and capacities during the assessment phase. Similarly, interviewees from NSs agreed that they see improvement in enabling more community-led interventions.
- **Social and behaviour change:** Particularly since the Ebola outbreak between 2018-2020 and the COVID-19 pandemic there has been increased prioritization around activities which support communities to adopt safe and healthy practices during a disaster or crisis. For example:
 - o **COVID-19:** In 2021 the IFRC and 4 lead NSs (Kenya, Botswana, Cote d'Ivoire and Cameroon) secured a ground-breaking partnership with Africa CDC to lead on the \$41M Risk Communication and Community Engagement (RCCE) component of their flagship \$1.5BN Saving Lives and Livelihoods (SLL) Programme, aiming to vaccinate 70% of the African population. In 2022, IFRC and the lead NSs have been working hard to launch and operationalize our commitments to building trust in COVID-19 vaccines through participatory, people-centred and data driven RCCE activities
 - o **CP3 (community epidemic and pandemic preparedness programme):** Kenya Red Cross' work was featured in a case study "Using community-based surveillance and other community-sourced data to inform the response for neglected tropical diseases: A case study of visceral leishmaniasis outbreak in Kenya & recommendations for the future" was featured in the [IOA \(Integrated Outbreak Analytics\) Field Exchange](#). It provides a good example of how to combine community sourced data to improve outbreak analytics, preparedness, readiness, and response
 - o **Ebola:** Through the RCCE Collective Service – a partnership between IFRC, UNICEF and WHO which was established during the COVID-19 response but expanded to support outbreaks across the region – we were able to support the Uganda Ministry of Health to effectively respond to the Sudan strain of Ebola

Met opmerkingen [SLE1]: @Sabrina GEHRLEIN I moved this comment to sit under 'challenges' instead of 'progress'. Do you have another comment you can add under progress which focuses on successes under this key strategic change?

Met opmerkingen [SG2R1]: Nothing that is really catchy 😊

during 2022. This included reviewing and updating the national Risk Communication Action plan; establishing an inter-agency community feedback mechanism using qualitative data collection and analysis tools; and enhancing coordination through support to the sub-pillars of the RCCE pillar

- **Community feedback:** The majority of NSs report that they do collect community feedback, especially during emergency operations. During the COVID-19 response in particular, many NSs significantly improved their ability to use feedback data to inform action.

“Let the solutions come from them, and let us support them. We can look at it like riding a bicycle: the community is riding and the RC is the light. We let the community define the situation and we shed our light whenever they need support to reach their destination.” – African National Society interviewee



Figure 3

Challenges

- **Institutionalisation:** The majority of the interviewees say they struggle to maintain organizational level commitments to integrate CEA once projects end. Reasons given are: the lack of management support for CEA; lack of funding; not having a centralised feedback mechanism in place; no process or SOPs which staff and volunteers follow to manage the flow of data to and from communities to decision makers
- **Closing the loop:** Conducting activities which involve sharing information about how the NS has acted on feedback received is often not done, which may be undermining trust with communities.
- **Info sharing throughout the programme cycle:** Whilst orientation sessions often take place at the start of a programme, information is not always shared with communities throughout the programme cycle. For example, activities to validate plans with communities or regularly informing about progress, changes or problems is not done systematically.
- **Consultation at programme design phase:** Although communities are usually asked about their needs, this data is often not used as the basis from which a project is designed. Logframes are often created and approved by the donor before the community has been fully consulted on the project and there is a misperception amongst staff that changes to a contract or logframe cannot be made once it is approved.
- **Data analysis capacity:** Coding and analysing data, particularly qualitative data, is seen as a challenge because of lack of capacity and dedicated staff who have the IT skills and time to complete the analysis. Particularly during the COVID-19 response there was also a perception by some NSs that the data was only needed for reporting to IFRC at regional level, instead of for strengthening and informing their programming.
- **Lack of internal buy-in for CEA:** One NS interviewee described how outdated beliefs about top-down approaches still existed in their organization, citing that some staff still felt that communities should not complain about what the NS provided, *“[some staff think that] whatever little we can do, is better than nothing, better than before – so the community should be happy.”*

- **Role of CEA as an enabling approach:** Some staff cited that collaboration between CEA and other technical teams was not as productive as it should be, as CEA was sometimes seen to be 'taking over' instead of providing an enabling role in achieving programme objectives.
- **Monitoring of impact:** There is often too much focus on monitoring progress-level indicators e.g. if the CEA activities have been completed, and less focus on monitoring outcome-level indicators e.g. if communities felt included in decision-making. This results in a lack of evidence on the effectiveness that good quality community engagement activities can have.
- **Handling of sensitive feedback:** Over the last three years IFRC staff have seen a change in the extent to which NSs are now aware of the importance of handling sensitive feedback. Many NSs think having a hotline or toll-free line in place, is enough, but there is a lack of understanding about how this feedback should then be managed in a confidential and survivor-centered way.

Change #3 – Better document success and lessons learned

Progress

- **Impact research:** In 2022 we commissioned research to look at the impact that good quality community engagement has had on perceptions of community trust and on specific outcomes of health and relief programmes. In Africa this research has focused on Malawi and Guinea, and has so far included conducting FGDs with community members and volunteers as well as KIs with staff, key partners and government representatives. Findings and recommendations are due to be shared later in 2023 and will likely inform the development of the CEA strategy for Africa from 2024-2027.
- **Publications and articles:** Increased efforts have been made to publish success and lessons learned in academic papers to improve awareness and credibility of our work. This has included:
 - o A paper that was written by the IFRC CEA and Health teams working on the 2018-20 EVD outbreak in DRC called documenting our community feedback approach which was developed and funded by US CDC called "New Mixed Methods Approach for Monitoring Community Perceptions of Ebola and Response Efforts in the Democratic Republic of the Congo" has been recognized by CDC's Behavioural and Social Science Workgroup as the outstanding CDC behavioural and social science paper in 2021. It also received the Nakano Citation for Scientific Excellence award.
 - o Also in 2021, a paper written by IFRC called 'Using Community Feedback to Guide the COVID-19 Response in Sub-Saharan Africa: Red Cross and Red Crescent Approach and Lessons Learned from Ebola' was published in the National Library of Medicine's health security journal: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9195486/>
- **Case studies and inter-agency platforms:** COVID-19 was a particularly busy period for documenting case studies and disseminating these through webinars and online platforms. At the start of the response, WHO asked IFRC to co-chair an inter-agency RCCE technical working group for east and southern Africa, as one of four key pillars of their regional coordination architecture for the response. Due to the effectiveness of this coordination mechanism, the TWG has since been expanded beyond COVID-19 to include all outbreaks in the region and is a key platform to show case our work with partners.
- **Disaggregation of data:** Over half of the respondents to the questionnaire reported that their NSs disaggregates their data on people reached by sex, age and disability.
- **Lessons Learned workshop:** The NS interviewees reported to hold lessons learned workshops at the end of the project and while this shows good progress, they also cited that it's often difficult to apply the learning when they do not have follow-on projects to action it.

Challenges

- **Lack of capacity and resources for case studies:** Although the COVID-19 response resulted in an increase in the number of case studies being produced, NSs are still struggling to produce these on a regular basis, mainly due to a lack of funding, time and capacity. The IFRC also sees this as an area for improvement, where IFRC could provide more support to NSs on how to develop case studies. The challenge often

starts with being able to identify that something is a good practice and *worth writing about*. From the NSs perspective, some things have become so routine that it's not considered noteworthy anymore. Additionally, the lack of understanding on what community-led solutions actually look like is also identified as a gap.

"How do we provide more guidance in understanding the value of honest transparent deep-dive into lessons learned?" – IFRC interviewee

Change #4 – Increase organizational support and resources

Progress

- **Flagship initiatives:** Over the last 3 years CEA has been integrated into a number of IFRC's regional flagship initiatives, and has led on establishing key strategic partnerships. This has helped to significantly increase the amount of funding for this work and has helped to raise the profile of CEA internally amongst senior management. However, more needs to be done to strengthen integration of CEA within flagship initiatives outside of health programmes, such as climate and migration. Successes to date have included:
 - o The Africa CDC Saving Lives and Livelihoods (SLL) programme, where IFRC and 4 lead NSs (Kenya, Botswana, Cameroon and Cote d'Ivoire) secured \$41M to lead on the RCCE component supporting COVID-19 vaccine uptake
 - o The ECHO PPP; a multi-country, multi-year initiative to support NSs to respond to humanitarian crises in the region. RCCE is one of the five core pillars.
 - o The RCCE Collective Service; a tripartite partnership between IFRC, UNICEF and WHO aiming to improve coordination and collaboration at global, regional and national levels within outbreak responses.
- **Leadership taking staff input into account:** The majority of respondents feel that their leadership is taking their ideas, suggestions and opinions sometimes into account and similarly they see that their leadership is also sometimes acting upon their ideas, suggestions and opinions.
- **Senior management support leads to upscaling CEA:** In the NSs who show great progress on CEA, the senior management is very supportive by making it compulsory to take up budget for CEA in each proposal and actively supporting the operationalization.

"By using the CEA approach you don't waste resources on projects that are not a priority for the community. Plus, you get to know if you're working to your values thanks to the feedback – it creates trust and improvement in our programming." – Senior Manager at NS.

Challenges

- **Lack of CEA understanding leading to limited political will and funding:** Many respondents, particularly those at country level, still feel that CEA is not prioritized often enough. This results in staff feeling that they do not get the support they would like to see from their senior management or operations managers on integrating CEA. Those reporting this lack of support observed that there is a lack of knowledge and understanding of CEA, which leads to a lack of political will at senior management level, which results in lack of dedicating funding to CEA – and thus the inability of staff to show the benefits of using CEA to advocate for using this approach.
- **Thinking CEA is done well enough already:** The majority of respondents still believe that staff within their organizations think that CEA is already done well enough or see CEA as something that is part and parcel of their work and they don't need any support on CEA anymore. This often means that CEA is reduced to 1-way messaging or community mobilization activities, so that the broader components of community participation and accountability are often not achieved.
- **Lack of resources, like time, funding and human resources:** This remains a major challenge to CEA according to the majority of NS, PNS and IFRC respondents. The tricky bit with CEA still is, that to do it

well you need upfront funding, which is really hard to get from donors as well as PNS. Another issue faced by NS, is that PNS often have their own strategies and priorities for funding and sometimes are (mis)perceived as being not as flexible to integrating priorities from the NSs as they should be. Interviewees also mentioned that CEA is the soft spot to cut budget, if budget is urgently needed for something else.

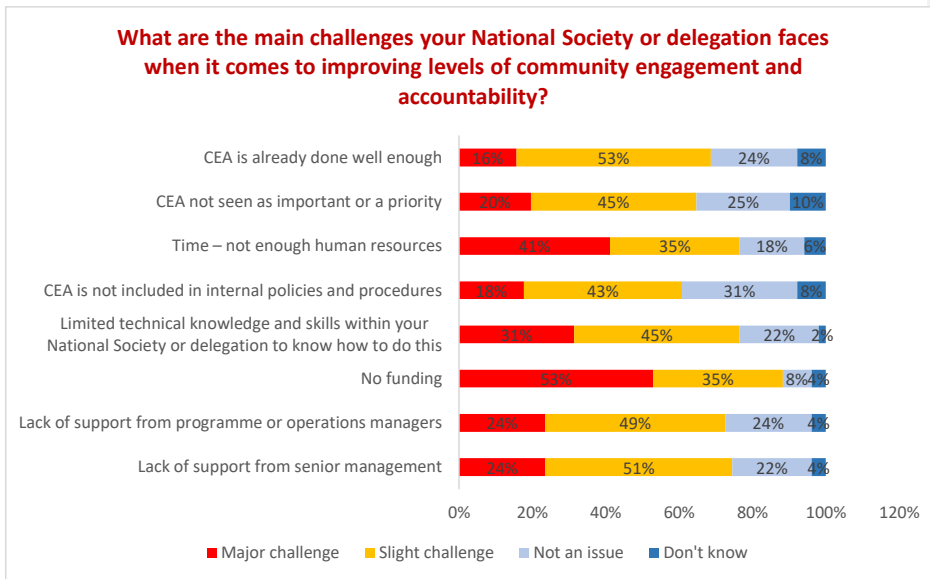


Figure 4

Change #5 – Promote a culture of accountability internally and externally

Progress

- **Internal promotion of accountability:** NS staff reported that their internal promotion of accountability is done quite well. All the interviewed NS staff report to have an internal feedback system in place where they can express their concerns, and which are followed-up. In case of internal sensitive feedback, some NSs have put in place special committees to handle this.
- **External promotion of accountability:** Similarly, many NS reported that their external promotion of accountability is achieved by conducting stakeholder meetings with community representatives before project implementation. During these meetings they also set expectations and share their plans with key stakeholders, including local government authorities, to ensure they can hold the NS to account for what they say they will deliver. Some NSs work with community committees to ensure that the rights of communities to provide feedback is channeled via those committees.

Challenges

- **Lack staff inclusion in decision-making by senior management:** Regarding the internal culture of accountability many NS staff, especially at branch level, feel that they are not being involved much in decision-making by HQ staff. Interviewees said that they often feel they are just being informed by senior management, rather than consulted, about activities they have to implement. This was also echoed by

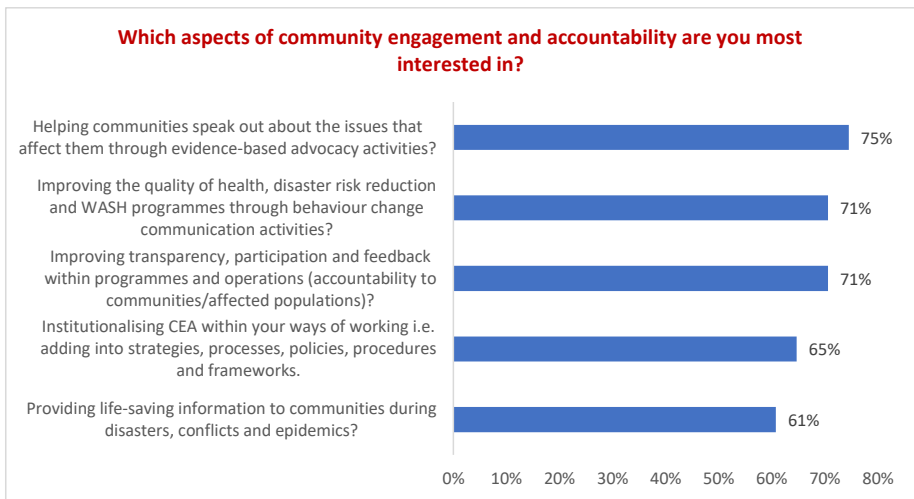
some IFRC staff, who said that transparency around senior management decision making was often limited.

“We, as branch-level staff, are not involved in decision-making by the HQ. They, at HQ, just tell us what we need to do and we do it.” – NS interviewee

“We’re often just being told about certain decisions on changes; they do not even pretend to engage their employees.” – IFRC interviewee

4. CEA SUPPORT NEEDS AND INTERESTS

When asked if their National Society or delegation would like to receive more support in CEA, 82% responded affirmatively. When they were asked to specify in which areas of CEA they wanted to have this support, almost all areas were selected by a similar number of people – as can be seen in the table below.



5. COMMUNITIES' PERSPECTIVE ON PROGRESS MADE ON CEA

The National Society teams in Malawi and Zambia conducted Focus Group Discussions to gather views from the communities on how their National Society is performing with regards to CEA.

Malawi

In the case of Malawi, we have access to data collected in 2018 to which we can compare the data collected during the review of the CEA strategy in 2022.

Back in 2018, many community members were not aware of what the Malawi Red Cross Society (MRCS) was actually doing. Whereas, in 2022, the community members reported to know of many different activities undertaken by MRCS. In 2018, both community members and MRCS staff reported that there were some gaps in communication channels between community members and the MRCS, whereas in 2022 the majority of the community members know how to communicate with the MRCS, either via WhatsApp, via door-to-door visits and community meetings. These communication channels are also used to collect feedback, whereas in 2018 the only method used were suggestion boxes, which were only opened quarterly, and many community members at the time reported to be not aware of these boxes. In 2018, communities expressed doubt as to whether MRCS regularly took their opinions into account when making decisions. In 2022, however, the community members involved in the FGDs were able to list many examples of when MRCS has taken measures and action based on the received feedback by communities. Examples given were the drafting of specific messages to address the misconceptions and beliefs that were circulating at community-level during the COVID-19 vaccination campaign; and the involvement of health workers for COVID-19 door-to-door vaccinations based on feedback showing that some people were afraid to go to the hospital to get vaccinated out of fear of contracting the disease.

Additionally, in 2018, some community members expressed concerns that MRCS primarily shares information with leaders who organize community meetings, involving only MRCS volunteers who were then supposed to pass information shared during these meetings on to the wider community. This communication structure still seems to be in place in 2022, but currently the majority of the community members engage in these community meetings. The community members participating in the FGDs expressed that these community meetings were the most effective way to mobilize and involve community members.

In 2018 community members reported that the communication between them and MRCS had reduced, due to fewer volunteers being active in the communities. This seems to have increased a lot by 2022, since volunteers are reported to communicate actively with community members through many different channels – it is unclear what has caused this, the researchers only assume that this has increased thanks to the increased number of volunteers working for MRCS since the COVID-19 activities.

Another indication of the increased community engagement is the reported ownership taken by active community members, including religious leaders, community leaders or members of the Village Civil Protection Committees (VCPC). This VCPC is a decentralized government structure at the village level, of which the members are being elected by the communities without any involvement of the red cross. MRCS consults these committees whenever they are developing projects and action plans for these specific communities, MRCS takes the information given by these committees into account in developing their interventions. These committees tend to initiate and organize events themselves like meetings or awareness sessions.

Zambia

With regards to Zambia, we can only report findings reported during FGDs conducted specifically for this review in 2022. This means making a comparison between the years before the CEA Strategy for Africa was launched is not possible. However, the findings of these FGDs provide us with an indication of how much has been invested in the area of CEA and they provide an insight into where the focus should be for improving integration of the CEA commitments.

In all three communities where the FGDs were conducted, the participants in the FGDs reported that they are not being asked about their needs or situation prior to receiving services from ZRCS. In two communities, the participants mentioned that they do not understand what ZRCS is doing and they reported not being informed about the activities ZRCS is doing on a regular basis. Similarly, the majority reported that they do not understand the selection criteria on which ZRCS base their decisions on who receives support and who does not. However, when asked if the support received by ZRCS addressed the main risks and challenges in their communities, they all answered affirmatively, with one participant expressing her surprise about this: *“what surprises me is that our suggestions and ideas are considered even though the community was not involved in the planning phase”*.

Around half of the FGD participants mentioned that they feel their opinion is considered by ZRCS, mainly through community meetings where members of the community can give their suggestions – this is mainly done after a project has started.

None of the FGD participants have ever submitted feedback to ZRCS, the reason being that none of them is aware of a feedback mechanism in place where they can submit their feedback. Some respondents also mentioned not to be aware of the location of the nearest ZRCS branch, whilst others hold misconceptions that they can only submit feedback in English, or only in writing. As they do not speak English, and many are not able to write in any language, there is a misperception that it’s not possible to share feedback with the NS.

6. CONCLUSIONS & RECOMMENDATIONS

Change #1 – Strengthen knowledge and capacity in community engagement and accountability

Conclusion

It is clear that there has been an increased awareness of the importance of CEA in Africa over the past 3 years, and an increased understanding of how to implement it into programmes and operations. However, this is often failing to reach the volunteers who are at the frontline of community engagement and accountability activities. Whilst more NSs than ever have identified CEA focal points within their organisations, the majority of these are double or triple hatting with other responsibilities which limits the impact that they can have.

Recommendations

- Strengthen coordination at country level between Movement partners – as is being done in Uganda, for example - to develop clear CEA strategies/workplans, including trainings at branch level, and pooling funding or collaborating on joint proposals to achieve key outcomes, including funding for dedicated CEA focal points.
- The IFRC and PNSs could nurture -and fund- peer-to-peer support and mentoring opportunities between NSs to strengthen knowledge sharing between NSs who have achieved high level of volunteer capacity on CEA.

Change #2 – Integrate community engagement and accountability into ways of working

Conclusion

African NSs have improved a great deal in integrating CEA in their annual plans, strategies, frameworks, policies and SOPs, which has resulted in an improved uptake of CEA in their ways of working. Similarly, NSs have improved in consulting communities before the start of a programme about their needs, priorities, concerns and capacities and are working to ensure communities are fully aware of the mandate of the Red Cross. However, there is a need to improve the way we regularly consult with communities throughout the programme, especially in order to make joint decisions when there are challenges or delays. Another challenge, as identified by the interviewees, is that there is a lack of capacity to analyse feedback data, especially qualitative data, which hinders NSs' ability to act on what communities are saying in a timely way. 'Closing the feedback loop' with communities, by telling people how the NS has acted on their feedback, also remains ad hoc. Lastly, CEA is sometimes seen as a tick-the-box exercise by not focusing enough on the impact that CEA approaches have on programme outcomes.

Recommendations

- The IFRC is currently scaling up its support to NSs on collecting, analysing, visualizing and acting on social science data, including coding and analyzing qualitative data, and this should be actively continued in 2023 by providing NSs with hands-on technical support. This will help NSs to deal with the data themselves, making it easier to also act upon the feedback.
- The IFRC is looking into more efficient ways of coding data, like what the role of Artificial Intelligence could be, to reduce the amount of time it takes to code.
- The IFRC could nurture peer-to-peer learning between NSs who have strong analytical capability, experience in acting on feedback and closing the loop with communities, and NSs who are keen on scaling up these aspects of the feedback cycle. This would need to include PMER focal points at the NS level, who often are the ones with the analytical skills. Additionally, it could be helpful to include the 'closing the loop' activities already at the planning stage of interventions.
- The IFRC CEA team together with PMER at the NS could support the NS to develop clear indicators on what they would like to achieve with their CEA approaches as well as means of measurements, to shift the focus to measuring the effectiveness of the CEA approaches instead of measuring only progress-level indicators of CEA (e.g., what CEA activities have been done).

- There needs to be a stronger focus on integrating outcome level indicators for CEA within NS's CEA strategies and during emergency operations – and regular learning reviews need to be held to assess progress and findings.
- Improving training for volunteers: map out training packages that volunteers most often receive and try to integrate CEA modules more strategically into those IFRC to better engage African NS in the development of the CEA Strategy for Africa in order to increase the ownership of this strategy felt by ANS.

Change #3 – Better document success and lessons learned

Conclusion

The COVID-19 response has shone a spotlight on the importance of CEA and this has presented significant opportunities to document learning through inter-agency webinars, technical working groups and academic articles. It is important that these successes are embedded into ways of working moving forward so that we maximise the capacity and skills that have been built. Although lessons learned workshops are often organized at the end of a project or programme, there is a need to develop and share more case studies and to find ways to act on the best practice which emerges.

Recommendations

- Identify national, regional and global conferences and events to showcase learning and best practice from NSs work on CEA, and proactively identify speakers and prepare case studies that can be submitted. Additionally, the all staff meetings could be used to share and document success stories.
- The IFRC could update the guidance on how NSs can document and write case studies in different formats and for different audiences. Additionally, the guidance could be enriched with guidelines on how to include communities in lessons learned workshops to stimulate participatory monitoring.
- Identify case studies that can be shared through the CEA newsletter, added to the CEA Hub but also submitted for publication in academic articles and papers in order to build credibility of our NSs.
- Ensure that successes are being well documented within the strategic programmes where CEA is a key pillar – e.g. Africa CDC Saving Lives and Livelihoods and ECHO PPP to demonstrate why CEA should continue to underpin our flagship programmes in the region. The community-led solutions webinar could be repurposed, as well as tool 12 in order to strengthen understanding on community-led solutions.
- Both IFRC as well as the ANS could bring in the communication departments better when capturing and developing case studies.

Change #4 – Increase organizational support and resources

Conclusion

Fully institutionalizing community engagement and accountability, so that it becomes a core way of working, is still seen as a challenge for many NS. This is the case especially in branches where there are no PNS-supported projects, or when a project ends. This means that CEA is often still project-based as opposed to institutionalized. Similarly, having dedicated CEA staff in place who can spend 100% of their time on CEA is seen as a challenge and as a key factor to being able to integrate CEA in all the areas of work. One of the factors contributing to these two challenges, is the challenge some NS face with leadership buy-in. It is demonstrated that the NS can make great progress towards integrating CEA in their areas of work when senior leadership actively promote it amongst their staff. The lack of leadership buy-in is literally a showstopper, because it often leads to no funding being dedicated to CEA, or the perception that it's just 'nice to have' rather than essential to quality programming.

Recommendations

- IFRC could undertake a mapping of levels of CEA institutionalization in the different NSs and try and use this to advocate for increased resources where there's been under investment.

- IFRC regional CEA staff will continue to support NSs in conducting CEA self-assessments, including the Force Field Analysis, to help identify what factors in their NS support and which work against increased integration of CEA. This can inform action plans on what topics to advocate for and how to strengthen organizational support for CEA.
- Work with other regional colleagues to develop a governance briefing package to support NSs to advocate for the inclusion of CEA with senior leadership
- Offer CEA trainings not only to CEA focal points but to all staff to ensure they fully understand their role in institutionalizing CEA and are able to advocate for its inclusion
- IFRC could identify senior managers across the region who want to become champions for CEA, who could support advocacy for CEA
- The IFRC could support the NS to a) develop clear CEA plans, including indicators and b) monitor the impact of those plans more effectively so that we can develop more specific evidence on the effectiveness that institutionalising CEA has so that senior leadership prioritise it across the branches.

Change #5 – Promote a culture of accountability internally and externally

Conclusion

Internal and external accountability is perceived as being done quite well by the NSs who took part in this review, in the sense of having internal feedback mechanisms in place and ensuring plans and expectations are shared with all stakeholders, including the communities and local government. However, internally branch level staff often feel they are not involved in decision-making by the HQ level, meaning we do not always practice what we preach.

Recommendations

- Like there are community committees, there could potentially also be committees of branch level staff who can feedback their inputs to the HQ level on a regular basis. The IFRC could support NS in setting this up.
- ANS could conduct volunteer perception surveys to gain insights into whether they feel listened to, and how the NS could potentially improve engagement of and accountability towards the volunteers.