



REVIEW OF CEA INSTITUTIONALISATION

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1. Executive summary

The International Federation of the Red Cross (IFRC) defines CEA as a way of working that recognises and values all community members as equal partners, whose diverse needs, priorities, and preferences guide everything we do. It is achieved by integrating meaningful community participation, open and honest communication, and mechanisms to listen to and act on feedback, within programmes and operations.

CEA was part of the Joint Business Case with DFID/FCDO from 2018 with an indicator of “# of NS supported by BRC to mainstream CEA good practice”. However, the report from 2019, concluded that despite supporting five NS partners, “the key learning in 2019 has been that CEA support must be directed at the organisational level, rather than at the programme level, in order to be successful and sustainable.

Following the adoption of CEA as a focus area within British Red Cross (BRC) International Strategy (2019-2024), three key objectives were identified; mainstream CEA within BRC-funded programmes, support National Societies to embed CEA across all their operations and programmes, and support the movements broader CEA initiatives. Institutionalisation was considered the methodology of choice to embed CEA in the NS partner work.

This review has tried to document the CEA journey, to identify highlights and challenges and to capture learning about the process as well as drawing some conclusions from the review. It was not possible to interview staff and volunteers face to face in all countries; however, each of the seven countries are represented using regional and country BRC staff to conduct interviews or by using online interviews.

Overall, the findings are fairly positive. Six out of seven NS partners have a policy, with only Lebanon waiting for sign-off. All countries either have a standalone CEA strategy or CEA is included in the organisation’s strategy. For feedback and complaints mechanisms, only Zimbabwe does not currently have a system due to lack of funding for a post-holder to manage the system. Almost all NS partners have focal points at branch level.

Enablers included the COVID-19 response, which despite the negative effects of the pandemic, made communications and a myth-busting system a necessity and was actually an enabler for CEA in many instances. Some NS partners already had some good practice, which could be built on. Donor requirements CEA was also an enabler. Having senior manager “buy-in” was key and training for senior managers was seen as being important as a first step in embedding CEA is organisational work.

There have also been challenges. The BRC initiative of Safe and Inclusive minimum standards was meant to simplify the need for standards but was confusing for NS partners. This review concluded that the initiative need more for promoting PSEA than it did for CEA. Despite the fact that institutionalisation is at organisational level and not at project or programme level, funding is obviously the greatest challenge as funds *are* often project or programme specific. Competing priorities might mean that a NS partner does not prioritise senior CEA staff as these are not seen as “strategic”, thus limiting the chance to influence. The withdrawal of USAID funds will impact several national societies. If CEA institutionalisation is to succeed, funding modalities need to change with more core funding for CEA staff at global or branch level.

Looking at value for money and the multiplier effect, there are a few obvious candidates such as the Kenyan and the Lebanese RC. KRCS need funding for a senior manager to further champion CEA. They have held peer to peer workshops and offer visits from other NS to learn from them. It would make sense to support this peer learning not just by holding workshops but by supporting KRCS to become a CEA Hub for at least East Africa. This approach also fits with the localisation agenda.

In conclusion, there were some challenges for the institutionalisation roll-out in the first couple of years. There have been four different advisers since 2018. The Safe and Inclusive Minimum Actions lacked core components of CEA such as participation and consultation and did little to promote CEA as a whole. Despite these setbacks, there has been progress, even if it is not consistent across all

seven NS partners. Most of the NS partners interviewed have the basis processes in place, but not all feel that CEA can be said to be mainstreamed throughout all projects and programmes, as well as services.

The question for BRC is where should the funding go for it to be value for money? We want to support localisation so having global advisers and regional posts may not be the best use of funds. There are NS partners who want to be a peer support for other NS in the region – we need to build on this for the multiplier effect. The answer may well be to give block grants to NS partners such as the Kenyan RC, the Lebanese RC and possibly the Bangladesh Red Crescent to be that regional peer support, paying for a team as well as the innovative feedback mechanisms that they can perfect and replicate in other NS in the region. This approach does mean that stronger NS partners are supported but as they then can support other NS in the region, this would free up BRC technical support to concentrate on those NS partners who are lagging behind. Funding positions is always going to be necessary, especially in the current funding climate but maybe also embedding the surge delegate/s into the weaker NS might be a good use of resources?

Acknowledgements

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A special thanks to the participating partner NSs who took the time to answer questions, provide information and review the draft report. We hope that your work is reflected in this review as BRC can only provide funds and support but ultimately it is all of you would have made the difference with mainstreaming CEA in your respective societies.

2. Background

The International Federation of the Red Cross (IFRC) defines CEA as a way of working that recognises and values all community members as equal partners, whose diverse needs, priorities, and preferences guide everything we do. It is achieved by integrating meaningful community participation, open and honest communication, and mechanisms to listen to and act on feedback, within programmes and operations.

In 2019, a CEA symposium was held for some staff in the Directorate and a CEA Theory of Change and Framework was developed. A dedicated adviser was appointed later that year.

CEA was part of the Joint Business Case with DFID/FCDO from 2018 with an indicator of “# of NS supported by BRC to mainstream CEA good practice “. However, the report from 2019, concluded that despite supporting five NS partners, “the key learning in 2019 has been that CEA support must be directed at the organisational level, rather than at the programme level, in order to be successful and sustainable. Longer-term, institutional support for CEA must be prioritised in order to support National Societies to realise their ambitions on integrating CEA as a core way of working. This will be prioritised in BRC’s strategy and planning in 2020.”

The Core funding Logframe for core funding 2021-2024 has an output “number of BRC supported NSs that integrate and institutionalise the Movement-wide commitments for Community Engagement and Accountability in their policies, operations, and procedures”. The target for 2024 would be “development of maturity model. Nigerian RC and Bangladesh RC self-identify current placement on maturity model and set targets for institutionalisation of CEA over next 3 years, supported by BRC.” The Maturity Model was developed by the CEA Adviser at the time based on the Movement wide commitments to CEA, and benchmarks as agreed at the 2019 Council of Delegates.

Report on Core Funding 2021

Sub-Output 3.1: ¹
<i>Indicator 3.1: # of BRC supported NSs that integrate and institutionalise the Movement-wide commitments for Community Engagement and Accountability in their policies, operations, and procedures.</i>
2021 Milestone: Development of CEA maturity model. Nigeria RC and Bangladesh RC self-identify current placement on maturity model and set targets for institutionalisation of CEA over next 3 years, supported by BRC
Progress against expected results: Achieved Two NSs have been identified through a selection criterion, that considers if CEA is a part of their NSD plans, capacity to support CEA institutionalisation, and Secretary General commitment for example. The two NSs identified are Bangladesh Red Crescent Society (BDRCS) and the Nigerian Red Cross Society (NRCS). NRCS Approach: In 2021 NRCS received in-country support from the BRC CEA Adviser and have assessed themselves against the maturity model and created a 3-year action plan. The priority focus areas for this NS are creating CEA policy and engagement from senior management and building a sustainable complaints and feedback mechanism. The 2022 work plan for CEA Institutionalisation sets out key activities in these areas to progress along the maturity model. BDRCS Approach: BDRCS have decided to take a different approach and will align CEA Institutionalisation to the ongoing work they have been doing so far on NSD. BDRCS are in the process of adapting the maturity

¹ [BRC Core Funding Report 2021 ISSUED_220321.docx](#)

model to ensure the benchmarks are worded in a way that relates to the context and can be best understood at branch level.
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However, in 2021, IFRC released a new CEA Framework which included an approach to support CEA Institutionalisation. After reviewing this framework in 2022, against the BRC made 'maturity model' it was decided that the federation approach was preferable. Instead of measuring progress against the maturity model, the decision was taken in 2022 to measure progress against the CEA minimum actions.

In 2022, three NS partners were supported on institutionalisation: Nigeria, Bangladesh and Nepal. According to the Core Funding report of 2023² "While CEA institutionalisation support in 2022 focussed on Nigeria, Nepal and Bangladesh NS, ensuring sustained support to the same 3 NS has been a challenge due to competing priorities and therefore in order to ensure we are meeting our target of supporting at least 3 NS, while acknowledging these challenges, in 2023, we have engaged Lebanon and Kenya NS to support them also on their Institutionalisation journeys also. Lebanese Red Cross (LRC): In Q3 of 2022, the LRC Planning Directorate requested support for CEA Institutionalisation."

Selection criteria for long-term institutionalisation support were drawn up in 2021. The first three criteria are from a BRC point of view: priority country, the country manager's identification of CEA capacity strengthening within the NS partner as a priority needs and inclusion in wider BRC supported NSD plans. The NS partner criteria are inclusion of CEA in the NS NSD plan, commitment from the SG, funding and personnel. There is no mention of existing CEA practices that could be built on and strengthened.

To complicate matters even further, in 2020 during the COVID-19 pandemic, a Safe and Inclusive adviser was hired and five actions entitled Safe and Inclusive Minimum Actions were drawn up. These included a complaints and feedback mechanism and information sharing but nothing around participation or decision making by community or end users.

3. Evaluation review purpose and scope

Following the adoption of CEA as a focus area within British Red Cross (BRC) International Strategy (2019-2024), three key objectives were identified; mainstream CEA within BRC-funded programmes, support National Societies to embed CEA across all their operations and programmes, and support the movements broader CEA initiatives.

The primary objectives of the review are:

1. Capture the CEA Journey: Document the process each National Society undertook to institutionalize CEA within their operations.
2. Identify Key Milestones and highlight significant achievements and challenges experienced from 2021 to 2024.
3. Extract Lessons Learned: Synthesize insights and lessons learned across different contexts to inform future CEA institutionalization.

² 03.1_CEA_FCDO ANNUAL PROGRESS REPORT.Docx

4. Highlight Best Practices: Showcase effective practices that have enabled successful CEA integration, including innovative pilots.

5. Develop Recommendations: Provide actionable recommendations for enhancing CEA integration across other National Societies.

4. Methodology

A literature review was carried out using some of the documents.

Key informant interviews were conducted with staff from Chad, Nepal, and Bangladesh (in person), Nigeria, Zimbabwe and Lebanon (remote) and Kenya (hybrid). These are not necessarily fully representative of the organisations.

As this is a review of institutionalisation, interviews were not held with communities. However, staff were asked for examples of where CEA had proved successful within a community.

Some of the challenges were being able to carry out a great number of interviews in a relatively short time period without the evaluator having to travel to any of the countries. Despite having several BRC staff conduct interviews, this has probably meant that not everyone who has been involved in the CEA institutionalisation, has been interviewed. However, we do feel that this review gives a “snapshot” of how institutionalisation has been implemented and what could be done to improve the process.

5. Findings

5.1 Overview of CEA mechanisms at NS organisational level

5.1.1 CEA Policy

Six out of seven NS partners have a policy. In Bangladesh, the CEA policy was completed in 2021 stating the intention to integrate CEA “at institutional and strategic level, as well as at the operational level.” The policy was developed with extensive stakeholder engagement, including BDRCS personnel, IFRC, ICRC, PNSs, staff, volunteers, and community representatives³. This followed the development of the 6th Strategic Plan for the period of 2021-25, which had CEA as a component. A three-Year Community Engagement and Accountability (CEA) Roadmap (2024-2027) has been created, which includes actions on how to better mainstream CEA including “formalising CEA as a unit under the secretariat or office of the Deputy Secretary General (DSG)”⁴. There are apparently also plans to diversify funding streams through crowdfunding and private sectors partnerships and secure a dedicated CEA fund.

However, in Bangladesh, political changes and frequent changes in the managing board have posed challenges. There is a need for proper orientation and induction of new board members to ensure continuity and understanding of CEA priorities. While there is a policy, the CEA team do not have the authority to ensure it is adhered to or that CEA is integrated into other policies such as DM. This could result in the policy simply becoming a document in headquarter files. As the PMEAL adviser said: *“We need to look at the path, the journey from the policy to people understanding it, including for example, how to include into job descriptions.”*

³ Review of CEA Approach and its mainstreaming in BDCRS (2024)

⁴ This has not yet taken place; CEA remains under the oversight of the Director of Disaster & Climate Risk Management (DCRM).

In Nigeria, the policy and accompanying SOPs on the documentation of feedback were developed during a BRC funded workshop in 2023 and approved by the Board in 2024. The policy aims to move from mere awareness of CEA to building a sustainable CEA structure and processes. There are plans to disseminate this policy in 2025. Before the policy was developed, a capacity self-assessment was done for National Head Quarters and all 37 branches followed by a four-day workshop for staff from different departments as part of the development process. The strategy used to develop the policy was primarily based on leading by example — a bottom-up approach aimed at reinforcing meaningful community engagement. In addition, there are ongoing plans to develop a comprehensive CEA SoP beyond the existing one focused on feedback.

The Nepal Red Cross Society has a long history of community-led programming in the 1980s so even if it was not called CEA at the time, participatory development was a known concept. After the 2015 earthquake, CEA became a big component of the response. A CEA policy was developed through a working committee with support from the British Red Cross and officially launched in December 2023. CEA is also mentioned in the 8th Development Plan and the National Society Development Plan (2021-2025) as well as the Strategic Framework for Climate and Environmental Action-2023, the briefly referenced in monsoon preparedness and response plan 2020 and the DM strategy. The NS is now trying to mainstream CEA into ongoing programmes such as the ambulance service.

In Kenya as in Nepal, CEA is not a new concept for the NS partner, and it was something (albeit under a different name) that was being incorporated into programming before they received their initial funding from BRC in 2014. They already had an M&E policy and an Accountability to Communities Framework, laying the groundwork for a dedicated CEA policy. This was developed in 2023 and signed off in 2024. The approach to developing the policy was “bottom-up” with wide consultation and with funding from BRC. Dissemination has been through “brownbag” events. The next step is to roll out the policy to regional and branch levels.

Zimbabwe RC also have a policy signed off by the Board in 2022, with plans to develop a CEA strategy and standard operating procedures (SOPs). The policy outlines the short-term and medium-term actions to institutionalise CEA between 2021-2025. These include endorsing the CEA framework, setting up a CEA working group, writing a CEA work plan, developing training programmes, integrating CEA into job descriptions, and ensuring every project has a CEA focal person. Supporting policies include protection from sexual exploitation, PGI, and whistleblowing. However, a ‘Consolidated Report on CEA Consultative Meetings (not dated) states that the CEA policy is not known by most staff and volunteers, even if it is meant to guide how the NS should work with the community including in receiving and handling feedback and complaints. Policies are disseminated during volunteer inductions and project activities. The challenge is translating policies into local languages and ensuring volunteers understand them.

In Lebanon, building on efforts to institutionalise CEA, the development of a CEA policy has been identified as a necessary step. The technical Support Unit (TSU) has led the drafting process at LRC, in coordination with CEA focal points assigned to various sectors who actively participate in the PMEAL CEA working group. The first draft of the CEA policy has been completed and is scheduled for dissemination in 2025. Once finalised, specific practical guidelines will be developed in collaboration with relevant operational sectors and units to further integrate CEA into their activities. A CEA action plan was drafted in 2023 during self-assessment workshop.

5.1.2 CEA Strategy

In Zimbabwe, there does not appear to be a standalone CEA strategy. The only mention of CEA is in the NS strategy where CEA manuals will be reviewed and updated or under success case studies.

In Lebanon, CEA has been embedded in the **2025-2029 strategy**, not only as a cross-cutting theme but also through dedicated actions and measurable indicators. This integration ensures that CEA is

systematically incorporated into the organisation's activities, allowing for effective tracking and monitoring of progress across all sectors.

In Bangladesh, CEA is mentioned once in the BDRCS strategy under the section "Where do we want to make positive changes- our transformations," specifically in the context of "A trusted and accountable local actor." It is listed alongside other governance tools, such as websites and financial accounting systems. In 2021, BDRCS introduced its 6th Strategic Plan (2021-2025), recognising the need to mainstream cross-cutting issues, with CEA being one of the key issues selected for integration into the national society's strategic framework. There is also an annual plan for CEA, aligned to the minimum commitments. This CEA plan is also included in the Annual NSD Plan of BDRCS.

In Chad, CRT was already using the Engagement and Accountability Approach (AAP) as required by international partners such as UNICEF and UNHCR before the introduction of institutionalisation. In 2021, they received funding from the ECHO PPP project and were required to mainstream CEA. They now have a CEA strategy and workplan, with the aim of mainstreaming CEA in all programme and projects as well as services. The actions include having branch focal points, a feedback mechanism as well as tools for the different stages of the programme cycle. They do not appear to have a policy.

In Kenya, KRCS's strategic plans prioritise accountability as a core value, with the integration of Accountability to Communities (AtC) principles aligned with the development of their new strategic plan. Senior leadership has actively supported embedding CEA-related commitments. In 2024, as part of the CEA institutionalisation project, supported by BRC's financial and technical aid, KRCS adopted a new CEA strategy. Following the AtC pilot, an action plan was created, including the development of tools, staff training, and the establishment of a nationwide feedback mechanism, with ongoing adjustments to improve implementation.

In Nepal, NRCS developed a CEA strategy in 2019, which served as the initial policy document for rolling out CEA integration. The newly developed CEA Policy and Mainstreaming Guide is a guidance document to embed CEA in all the NRCS program and services. CEA is already part of the NSD and 8th Development Plan.

In Nigeria, CEA is explicitly referenced in the NS strategy. In 2024, with the support of IFRC, the NS co-developed a community engagement plan and behavioural change for locally led adaptive strategies on drought in Jigawa state. Over the years, the number of CEA strategies adapted across different projects has grown, prompting senior management to request the development of annual CEA plans. Additionally, feedback strategies have been developed for specific projects and are typically displayed on the NRCS Power BI feedback dashboard.

5.1.3 Focal point/dedicated staff

In Nigeria, funding from BRC meant that the NS partner could employ a CEA officer, as previously there was no dedicated resource for this. As one interviewee explained "then things took off" after this. There are now focal points in all branches. CEA is included in all role profiles for new staff and volunteers in CEA roles.

In Chad, the support of the ECHO PPP project and other PNS has enabled the creation of a CEA department with a dedicated national focal point. While there is a dedicated CEA focal person at headquarters, CEA focal points are only appointed at the branch level when specific programmes are in place; their roles are not permanent. There is also a lack of trained volunteers. However, there is interest and support from the HQ of the National Society in integrating CEA at different levels in the organisation according to the self-assessment report. CEA is included in all staff inductions.

Having dedicated staff was seen as important. In BDRCS for example, there is a director, senior manager, officer and dedicated volunteers ⁵. However, there is no core funding, so positions are often aligned and paid for by a programme or project funded by a donor or through a PNS. For programmes and operations supported by ICRC and BRC under common agreements, a percentage of the budget is designated for CEA activities. However, there is a lack of uniformity in budget allocation across different projects by various Movement Partners which maintain an activity-wise budget allocation. There are plans to integrate CEA responsibilities into job descriptions and performance evaluation criteria for all roles.

In some NS partner organigram, the CEA officer is part of the PMER/MEAL team as is the case in Kenya. However, due to funding constraints, there is no higher-level staff at regional (branch) level, only regional MEAL officers. There is a CEA Assistant managing the tollfree hotline and some volunteers have been trained to act as CEA focal points. There are plans to hire a full-time CEA Manager to ensure focused and effective implementation in the MEAL team.

In Zimbabwe, funding appears to be a constraint when it comes to hiring and retaining staff. BRC has been supporting ZRC through the Ambassadors Network Initiative. Three staff and a volunteer have formed a CEA team together with focal points in branches. There is no one apparently to man the hotline or analyse the data.

In Nepal, the self-assessment report found that “the NS needs to allocate core funds for CEA to sustain integration across all programmes and services as well as a need to include key performance indicators in job description and terms of reference for all staff, volunteers and concern parties.” To support institutionalisation, there is a seven member CEA committee supported by a CEA emergency working group.

In Lebanon, core funds are not allocated to CEA. The self-assessment workshop in 2024, showed that on average, CEA was sometimes included in programme plans and budgets. Efforts are being made to integrate CEA into job descriptions for relevant roles, with specific responsibilities developed for a technical PMEAL position within the Disaster Risk Reduction (DRR) unit. These responsibilities align with CEA minimum actions, focusing on feedback mechanisms, community participation, and transparent communication. In 2021, the British Red Cross assisted LRC in recruiting a CEA Officer, who supported the development of perception and satisfaction surveys, attended technical coordination meetings, provided input for proposal development, and contributed to the capacity building of LRC staff and volunteers.

5.1.4 Feedback mechanism at organisational level

Before 2022, the Nigerian RC feedback system was not really functioning. Feedback forms from communities were manually filled out and sent to the headquarters. BRC funding has meant that the hotlines and email have been “revived”. Volunteers use Kobo to send feedback via a link directly to the dashboard at headquarters and data can be disaggregated into branch, project or programme for better analysis. Closing the loop was also identified as a challenge, although during a recent review, there were examples from community members where feedback had been acted upon, and the issue resolved. According to the latest CEA report, NRCS have developed a feedback SOP which includes a feedback flowchart on sensitive feedback with steps on how to report sensitive feedback. During the last review, not all community members knew about the hotline numbers and hours of availability

⁵ The CEA team sits within the Disaster and Climate Risk Management (DCRM) Department, under the leadership of its director. It is one of several functions overseen by the director. Within the department, the Director serves as the CEA focal point, supported by a CEA Manager, Officer, and Associate.

– the recommendation is to have laminated posters in relevant places. The NS has also developed a sticker to have on the back of a phone.

Nepal Red Cross Society has a tollfree hotline (supported by BRC/IFRC) as well as suggestion boxes in communities. They also use Facebook and emails. In 2024, NRCS successfully received and addressed 3,292 feedback through the NRCS hotline service, face-to-face interactions, and social media. There is a variety of community feedback guidance in English and Nepali for staff and volunteers including details of the available feedback channels and how feedback should be processed. They want to start introducing feedback into all services as well as at branch level. One interviewee also expressed the need to improve the way the NS collects face-to-face feedback.

In Chad, complaint management committees have been established at village, departmental, regional and national levels. According to the self-assessment report, there are various feedback mechanisms set up as part of PNS or donor funded projects. The gap is in analysis and use of data to inform decision-making. There is also a lack of community involvement in design and decision-making at programme or project level.

In Bangladesh, a national-level hotline was established in 2017. In 2020, a web-based feedback email and social media platform was developed. This has since developed into a digital feedback system including Facebook Live sessions and Kobo links. BDRCS has recently launched a toll-free short-code hotline number. To promote awareness, they have developed visibility materials and incorporated them into various training sessions organised by the CEA team. Due to language constraints in Cox's Bazaar, a separate hotline was set up. There are guidelines and SOPs to handle sensitive cases confidentially, ensuring proper investigation and resolution.⁶ there is a concern, however, that certain groups such as the elderly and those unable to read or write will be excluded from the digital technology. At the moment, face to face interactions with volunteers is the alternative option, which in itself is a valuable way to receive feedback. The CEA review found that "The national society has also developed robust mechanisms to handle sensitive cases confidentially, ensuring proper investigation and resolution" but that "CEA staff often lack the authority to resolve feedback independently, leading to delays as issues are referred to other departments, which may not prioritise timely resolution."

In Kenya, the feedback system was developed by the IT department (see 5.9 for details). There are Feedback review meetings and findings fed into the Risk matrix.

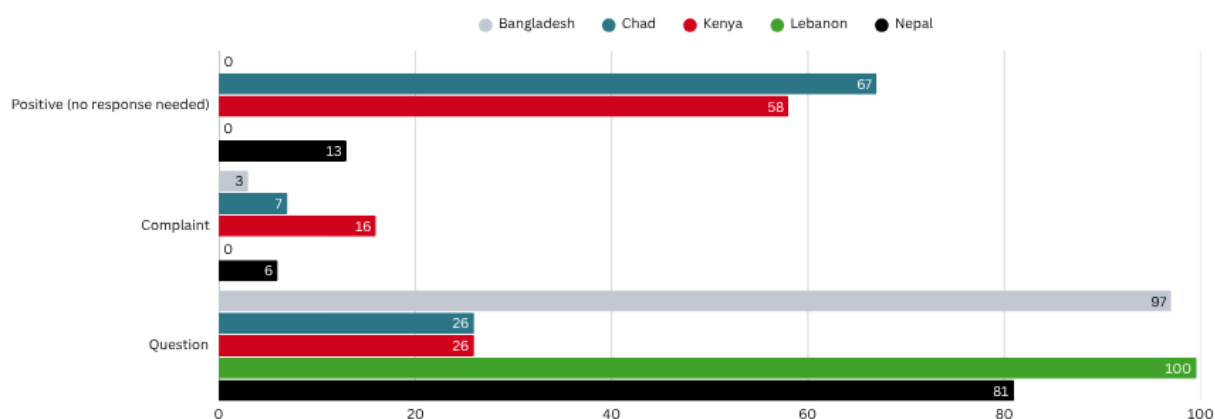
In Zimbabwe, the tollfree line apparently no longer functions and the focal point assigned to manage it, had their contract terminated due to lack of funding. There are, however, several forms of community-based feedback such as surveys, suggestion boxes and helpdesk. There have been several reports from USAID funded projects, but these projects presumably are no longer being funded. There were issues with only having one tollfree number and closure of the feedback loop was a constant problem. The Consolidated Report on CEA Consultative Meetings (not dated) states that volunteers do respond to community feedback but lack proper means of recording it. it would appear that whilst training has taken place, the system is no longer working.

In Lebanon, the NS has a functioning centralised complaints and feedback mechanism (CFM). This CFM was developed in 2014 by the Disaster Management Sector (DMS) of LRC as part of a pilot cash transfer programme (CTP) supported by the British Red Cross. In 2020, an agreement was

⁶ Review of CEA Approach and its mainstreaming in BDCRS (2024)

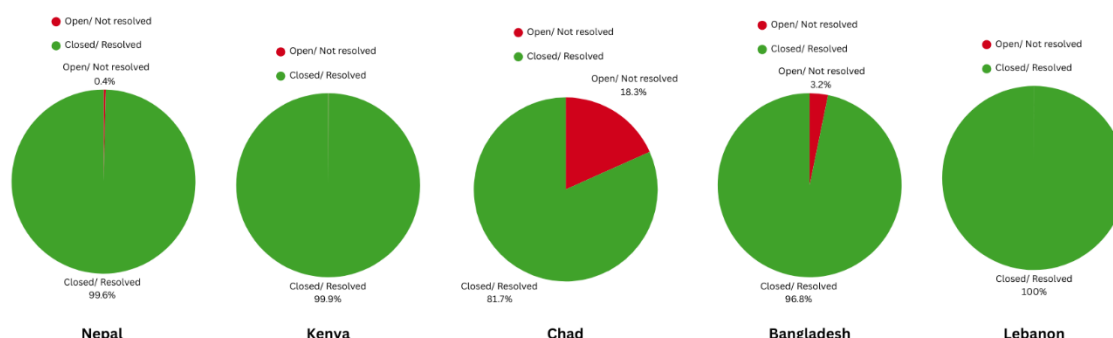
made between the Disaster Management Sector (DMS), the British Red Cross (BRC), and Ground Truths Solutions (GTS) to develop a more proactive feedback mechanism to gather community feedback and adjust programs accordingly. In 2021, LRC committed to introducing more proactive feedback systems like perception surveys. Currently, CFM tools used by LRC, such as hotlines and complaint boxes, are mostly reactive, but the Planning section is working on developing more proactive mechanisms to enhance programming based on community input.

5.1.5 Complaints and Feedback Mechanisms – percentages of feedback received in last six months by NS ⁷



⁷ In Lebanon, 13 instances of positive feedback and 14 complaints were recorded. Due to the small proportion relative to the total number (44,695), the data visualisation software rounded the percentage down to zero.

5.1.6 Complaints and Feedback Mechanisms – percentages of open and closed feedback in last six months by NS ⁸



5.1.7 Activities for CEA

In Nepal, the NS has carried out various training sessions, including a four-day Training of Trainers (ToT) on Behaviour Change Communication (BCC). A total of 156 participants attended the training including staff and volunteers from NRCS headquarters, seven provincial offices, and 74 district chapters, as well as the central blood bank and an eye hospital, were trained. This initiative aimed to localize and enhance BCC capacity at the field level. NRCS has also developed a CEA Mainstreaming Guide, which is being translated into Nepali and a CEA working group has been established for collaboration and knowledge sharing. Their self-assessment showed that they need to be more awareness raising among middle managers “to integrate all policy/ guideline and program design and proposals.”

In Bangladesh, training has also been a main activity at different levels including a five-day ToT in 2023 for staff, volunteers and government staff from different departments in several disaster-prone districts. There are plans to engage senior management to gain approval for dedicated CEA revenue.

The CEA review for BDCRS found that despite all the training as well as exchange of learning with other Movement partners, “CEA's visibility within BDRCS is low compared to direct relief activities”, and there was a need for better impact of CEA measurement. This last is notoriously difficult to measure as without control groups, it is almost impossible to show what impact especially participation has on project results. Mainstreaming CEA across the organisation was also shown to be needing attention.

In Nigeria, according to the CEA report, CEA training sessions have been conducted for participants from 36 branches. A total of 803 participants, mainly volunteers, were trained during annual first aid camps in six branches. Plans are in place to conduct a CEA dissemination workshop for key branch staff and CEA focal points. In 2025, they plan to have more communications around the CEA

⁸ In Lebanon, 6 pending issues were recorded, but due to their small proportion of the total (44,795), the visualisation software rounded it down to 0.

minimum actions, including posters and contextualised pamphlets. There are also plans to encourage focal points to develop Terms of Reference (ToRs) and key messages for each phase of the project cycle, while also prioritising the training of additional personnel at the branch level.

In Zimbabwe, in 2024, 40 volunteers from Mudzi District were trained in safeguarding, PGI, under the USAID BHA WASH Project. A CEA Consultative Training at the National Training Centre aimed to institutionalise CEA, ensuring effective feedback and complaints mechanisms. In total, six CEA training sessions have been conducted annually, addressing previous gaps where many volunteers had limited knowledge or did not cascade training to others. Key training activities in 2024 included sessions for volunteers, village health workers, water point committee members, and feedback collectors on data management. There has been a series of CEA Consultative Workshop which include a brief training session for example one focused on how to strengthen the NS's CFM. Zimbabwe have also been taking part in the CEA Ambassadors network since 2024.

In Lebanon, the Technical Support Unit (TSU) piloted a "Basic CEA Training for LRC Frontliners" for 41 participants, including DMS staff and volunteers, Youth volunteers, and DRR staff. The training materials were adapted from the IFRC CEA Hub and tailored to LRC's context. More CEA training is planned for additional LRC frontliners, middle management and senior leadership in 2025, with an Applied Training Course (ATC) scheduled for Q1 2025. Furthermore, CEA sessions will be integrated into the induction training across all sectors for new volunteers and staff. Additionally, the LRC PMEAL CEA Manager participated in CEA surge training to support emergency response efforts.

In 2024, based on a 2023 self-assessment, PMEAL-CEA Working Group sessions were re-initiated, with five sessions held at the Planning and Development Section office. The LRC is also part of a Movement-wide Ambassador Initiative, which provides technical and financial support to institutionalise CEA, and ensures alignment through monthly and bi-annual calls. The self-assessment indicated varying levels of understanding and implementation of CEA across different sectors within the NS.

5.1.8 The CEA Hub

Since 2019, BRC has hosted and maintained and managed an open-source website, sharing resources, guidelines, toolkits, and best practice on CEA from across the RCRC movement and wider sector. The [CEA guide](#) and [CEA toolkit](#) include guidance on how to put in place measures to institutionalise CEA approaches across all their programmes and operations including CEA policy and strategy templates and self-assessment tools. These are available in over 15 different languages. The Hub features a dedicated [page](#) on CEA institutionalisation, offering a range of resources such as case studies, templates, guides, and videos. The hub also hosts an [interactive map](#) showcasing videos that document various National Societies' journeys toward institutionalising CEA. All 7 NS reported using the CEA hub as a key point of reference in supporting their institutionalisation objectives and some reported adapting CEA hub tools, contextualising them for their respective contexts, and promoting the platform during trainings and events. This feedback is supported by findings from the annual CEA Hub satisfaction survey, which revealed that 87% of users consider the hub their primary platform for CEA. Furthermore, when asked whether the mainstreaming of CEA would be negatively impacted if the CEA Hub no longer existed, the majority of respondents (81%) either 'strongly agreed' (49%) or 'agreed' (32%). In 2024, the hub recorded 39,545 sessions, 142,172 views, and 22,045 users, with 90% of users reporting overall satisfaction with the platform.

5.2 Enablers

5.2.1 COVID-19 pandemic

Despite the negative effects of the COVID-19 pandemic, the fact that a communications and myth-busting system became necessary was actually an enabler for CEA in many instances. In Chad, COVID-19 vaccination campaigns served as a testing ground for new approaches to community engagement. Local platforms and community health committees made it possible to reach previously hard-to-reach populations, thereby increasing vaccination coverage and trust in health services⁹.

In Bangladesh, the first grant from BRC to the NS partner was due to COVID and the need to spread information quickly. According to the DEC Evaluation report from 2022 *“Being able to draw on a robust CEA communication and feedback mechanism was of considerable importance in this response operation by sharing messages, dispelling Covid-19 myths, and receiving and acting on community feedback in a timely and responsive manner.”*

The same was felt in Kenya where COVID was an enabler in that post-pandemic as it was easier to “explain CEA through the lens of RCC.” As the focus was on the pandemic, it was important to get information out to communities and to hear their feedback.

In Nepal, the 2015 earthquake was a definite enabler for CEA as BRC alone had dedicated staff and activities included in the response. The COVID-19 pandemic highlighted the importance of CEA, with extensive collaboration and coordination for risk communication and rumour management. UNICEF coordinated the CEA response, organising regular meetings - “It was a very intense collaboration and coordination with different partners”. During this time NRCS developed the Risk Communication Guideline.

A similar case could be made for other epidemics. For example, in Nigeria, the National Society’s response to the Lassa fever epidemic highlighted the importance of CEA—particularly the value of feedback analysis in addressing questions and misinformation.

5.2.2 Building on good practice

Building on what was already established has of course, been an enabler for embedding CEA in a partner’s work. In Bangladesh they had already published a policy (2020), introduced a complaints and response mechanism (2014) and established a call centre for a national level hotline (2017). In 2018, the accountability framework was put in place and in 2020, a web-based feedback email address and social media platform set up. When institutionalisation funds were received in 2020, there was already a good foundation on which to build. Based on the findings from the 2024 BDRCS CEA review, several initiatives are currently underway, including the review and update of their CEA Policy. Additionally, steps have been taken to digitalise their hotline call centre.

In Kenya, the strategy puts the “community at the centre” with a dedicated CEA pillar making CEA central to the work and ensuring there is buy-in from senior managers. “CEA is part of our DNA.” Co-ordinators have CEA in their job descriptions. Having a strong CEO “passionate” about CEA was a definite enabler.

⁹ A study published in the UK, 48% of respondents felt that the “community spirit” had been effective and would continue to improve after the pandemic (National lottery Community Fund, 2021)

5.2.3 Donor request for CEA

In Chad, The ECHO PPP 2021-2022 helped support CEA as it was integral to the funding proposal. UN agencies were also mentioned as having AAP (accountability to affected people) that partners were expected to adopt. USAID supported projects had CEA as a component but, given the recent changes to this funding, these projects will presumably be terminated, along with any project funded staff.

In Bangladesh, donor requests have influenced the inclusion of CEA in programmes, but enforcement and review mechanisms are lacking. Most programmes include minimum levels of community engagement and accountability, such as feedback and complaint mechanisms

5.2.4 Support from senior management

Training for department directors and senior managers was seen as being important as a first step in embedding CEA is organisational work. As one manager said: “to mainstream CEA, senior management must be sensitized about CEA in the first place.” Having senior manager “buy-in” was key. However, not all senior managers were convinced of the value of CEA (Bangladesh). This could affect allocation of funds within a NS.

“The CEA is not just a mechanism; it is a change of culture within national societies.” (IFRC)

5.2.5 Integration with MEAL

In several NS partners, CEA and MEAL are the same person or same team. One NS made a “conscious effort” to integrate CEA and PMEAL as it was felt these are complementary anyway – an example was given in an emergency when assessments are carried out but there needs to communication with the affected community at the same time. The Kenyan Red Cross has CEA in their PMEAL team. This integration is seen as important as “we make sure participation is part of monitoring.” In the Lebanese Red Cross, the CEA component sits with MEAL in the Planning and Development Unit.

5.3 Safe and Inclusive, the Maturity Model and Institutionalisation

As mentioned in the background section, in 2020, BRC decided on a Safe and Inclusive Framework and five minimum actions. These were introduced during the COVID-19 pandemic and adopted by several countries in West and Southern Africa. This caused confusion at NS partner level as the actions were BRC’s and not part of the wider Movement. This approach has already been evaluated ([link](#)) and the minimum actions dropped, so this review will only look at any negative or positive impact that the S&I approach had on CEA institutionalisation.

According to one country team, although it was confusing having different approaches, having a limited number of standards made it easier for discussions with the NS partner – it was a good entry point “one foot in the country operation.” However, another interviewee said that the CEA focal point also had to understand PGI and PSEA, which potentially could be confusing. During some interviews, it was clear that people saw the Safe & Inclusive as being about PSEA rather than CEA.

The Maturity Model was developed by one adviser and tested with the Nigerian RC where the focal point reported that it was too complicated and “overwhelming.” The Model was not utilised by the next adviser. Like all models it assumes that certain processes or ways of working need to be in place. It does take into account where NS partners are but assumes that they will move to a different level in time. It was never tested so it is difficult to say if NS would have found it useful. The advantage of the current way of supporting on CEA is that it allows for contextual differences and where a NS could reasonably expect to be given funding and other constraints.

5.4 Level of support – organisational versus programme

One of the questions this review considers is where BRC should put the emphasis (and funding) in order for institutionalisation to succeed. Should it be at organisational level (headquarters), branch level or programme level – or a combination of all three? The views from interviewees was mixed.

5.4.1 Senior manager at organisational level

In Kenya, interviewees felt that institutionalisation should start with management and then cascade down to staff. In their organisation, CEA was seen as a MEAL function but “institutionalisation has broken that down.” The programme/project approach can also work as it can demonstrate the benefits to managers in order to get their support: “a foot in the door”. Community level committees funded by BRC are an example. However, not all projects have a budget line for CEA and the issue is sustainability when a project ends.

Having an officer who is nearer to programmes and has time was seen as being a good starting point. However, the officer would need a manager who was supportive and committed to CEA. The officer should be at headquarters level but with focal points at branch level. As one country team said having a link with CEA in the programmes makes it not “purely a technically abstract matter, driven by the advisers and HQ.”

It was suggested that funding a director may not work as NS partners struggle to fund senior posts and if one post (CEA) was funded by a PNS, it could cause problems for a NS as they may have other priorities and positions that they need to fund. Coordinator level at headquarters was seen as more strategic. In Bangladesh, an interviewee felt that Institutionalisation efforts often remain at the HQ level and do not trickle down to branches.

One suggestion for branch level CEA support was to pilot the approach in a few branches and then do peer to peer support: a focal point from a strong branch supports a branch where they are just starting out. Make sure they are matched with language.

One constraint that many NS partners struggle with is high turnover amongst staff, necessitating continued training to ensure new staff are aware of CEA and can integrate the components into their work. In Chad, there were concerns that branches received less support due to limited resources, affecting both training and the retention of qualified staff. In Kenya, branches without ongoing projects struggled the most whilst in Nepal, some branches have successfully mobilised local resources and engaged with municipal governments to support CEA activities without external funding.

It would appear from all the comments that support is needed at different levels: a senior manager to champion CEA at organisational level, a coordinator and then officers or focal points at branch level, plus trained volunteers who can work within the communities. This is the ideal scenario and of course, it is always dependent on funding being available.

5.4.2 BRC advisory support

There were also comments about the advisory support provided by BRC and other PNS. One BRC team felt that advisers do not always have the experience and do not know the context so they can be too ambitious and have high expectations. Timeframes are sometimes unrealistic for the institutionalisation plan. There needs to be a dialogue between advisers and country teams “meeting in the middle.”

It was suggested that advisers need to be in a country for a longer time period so that they can work alongside a NS partner, to build a relationship. It was felt that “follow-up on progress via emails from London will fail.” Embedding may be a possibility but there needs to be a counterpart who is available and not pulled into other activities as has been the case in a few partner NS.

One major constraint for BRC with the institutionalisation project is the fact that there have been four different global advisers since the initial core funding from FCDO was received. Each came with different experiences and expectations. The COVID-19 pandemic prevented travel and was an added constraint. Regional PMEAL and CEA advisers feel that “balancing CEA work with other responsibilities is challenging, requiring dedicated time to focus on CEA tasks.”

The approach from the CEA advisers has varied across the seven partner NS, in agreement with the NS. For example, support to the Lebanese RC has been more about remote technical support, whereas with the Nigerian RC, they wanted a more hands-on approach with monthly mentoring meetings and collaborative working on shared drive documents.

The FCDO core funding budget has been seen as problematic by some BRC staff. This issue lies outside the scope of this review and is currently being addressed through the new work packages and planning process.

5.5 Examples of CEA from community level

Although this review has not explored the trickle-down effect of institutionalisation of CEA to communities and service users, the literature review did try and show examples of where community feedback has led to changes or where staff and volunteers did respond to questions or complaints that they received. For example, in Nigeria staff reported that organising community meetings with different representatives from government departments resulted in a road getting built and waste management being addressed. This has not been verified with the community.

The CEA review from Nepal did have two examples where feedback was received via the hotline from two flood affected community members. One was a query around non-reception of cash due to bank account detail discrepancies, which were sorted within 48 hours and the cash delivered to the caller. As the caller said, *“I am very thankful to the Hotline Service for addressing the community's concerns in a timely manner.”* The second was a caller simply expressing their gratitude to NRCS for the cash grant that had allowed them to purchase medication and household items, making what the caller said was *“a significant difference in my life during this challenging time.”*

The 2024 review of CEA for the Bangladeshi Red Crescent showed good examples of community consultation and participation evidenced through holding focus groups in 17 communities. Decisions still appear to be made by the BDRCS staff but after consultation with committees at community level. In Cox's Bazaar, there was widespread awareness about the different channels to complain or give feedback. The focus group participants also understood how to give sensitive feedback or where they felt “shy to express face to face.” Talking to volunteers was used for more general feedback. Awareness was apparently not as high in other communities (outside of the camps).

The recent review carried out in Nigeria showed examples of response to feedback with community members reporting a prompt and satisfactory outcome to their calls to the hotline. Others were not aware of the number or had tried and not been answered (there are opening hours of which the community members were not aware.)

In other areas, consultation had been done but then follow-up information for example, the timeline for cash distribution was not given. However, there was transparency around the amount of funding available and the number of people who could be supported.

5.6 Challenges

It was felt by several interviewees that there was lack of support for senior CEA managers and these positions are not seen as “strategic”, limiting the ability to influence. Although this could be to a lack of understanding of CEA, it could also be because of competing priorities with scarce funds. It

is not always a lack of commitment to CEA. Orientation of new Board members is all well and good but if funds are not there, partner NS may have other priorities.

Despite the fact that institutionalisation is at organisational level and not at project or programme level, funding is obviously the greatest challenge as funds *are* often project or programme specific. The CEA position for example in Chad, is 100% funded under a donor funded project. Even though the Nigerian RC have plans to ensure that the elements of CEA are properly funded and embedded in all of the NS' projects and not just depend on the BRC funds, realistically given the current climate this may be hard to do. In Zimbabwe, the person manning the hotline had their contract terminated due to lack of funds. The withdrawal of USAID funds will impact several national societies. If CEA institutionalisation is to succeed, funding modalities need to change with more core funding for CEA staff at global or branch level.

Whilst there are policies and procedures in place and training has taken place, some interviewees felt that CEA is not mainstreamed but seen as an “add-on.” One evaluation found that “to date, there is little evidence of CEA being a part of the organisational culture.” Moving it from being one PNS's way of working or a “nice to have” at project level to a widely accepted organisational approach that is part of all programmes and services will take time. If funding is tight and other positions are a priority, CEA will be pushed further to the back of the line.

5.7 Suggestions for change

Looking at value for money and the multiplier effect, there are a few obvious candidates such as the Kenyan and the Lebanese RC. KRCS need funding for a senior manager to further champion CEA. They have held peer to peer workshops and offer visits from other NS to learn from them. It would make sense to support this peer learning not just by holding workshops but by supporting KRCS to become a CEA Hub for at least East Africa. This approach also fits with the localisation agenda.

Both KRCS and NRCS (Nigeria) have digitalised feedback mechanisms with dashboards and direct links for volunteers to use. The KRCS system was developed by their IT department and is a web-based system linked to PowerBi. As one interviewee said, “we want instant feedback so it can go to the appropriate technical team.” Financial support to this system would also have a multiplier effect if KRCS could help other NS in the region to replicate the mechanism.

One interviewee felt that digitalisation of feedback should also include qualitative data that could be fed back into programming and that the emphasis should be more on support to digitalising feedback and policy implementation, than funding staffing. The problem is that without qualified staff, it is difficult for a NS to actually mainstream CEA.

It was suggested to have more peer-to-peer learning specifically around institutionalisation with more case studies and videos.

BRC support suggestions to a NS included how to get senior management and Board buy-in, dissemination of the policy and mainstreaming of CEA throughout the organisation. There were also suggestions (from BRC staff) to develop long-term plans and explore innovative approaches. These suggestions are great but although BRC can offer funding and technical support, ultimately it is the partner NS itself that has to carry out these actions.

6. Conclusion

There were some challenges for the institutionalisation roll-out in the first couple of years. There have been four different advisers since 2018. The Safe and Inclusive Minimum Actions lacked core components of CEA such as participation and consultation and did little to promote CEA as a whole. Despite these setbacks, there has been progress, even if it is not consistent across all seven NS partners.

Most of the NS partners interviewed have the basis processes in place, but not all feel that CEA can be said to be mainstreamed throughout all projects and programmes, as well as services. In order to assess how far CEA is mainstreamed across a NS into all programmes, projects and services, a more in-depth analysis of views from communities and end-users would be needed. It would appear that some programmes such as the emergency response in Bangladesh, have been successful but a camp setting is not a typical example of NS work.

The question for BRC is where should the funding go for it to be value for money? IFRC are not getting the funding they need to keep the regional posts, and some will end this year in June. From the limited amount of information obtained for this review, these posts appear to be also responsible for internal reporting, which may mean that NS development is not their main function. We want to support localisation so having global advisers and regional posts may not be the best use of funds. There are NS partners who want to be a peer support for other NS in the region – we need to build on this for the multiplier effect. The Ambassadors Network is a step in the right direction, as long as we are not investing in one post per NS. Experience from other programmes (e.g. the cash school) that NS staff once trained and with experience, move on to other more senior and better-paid posts. Interviewees from this review felt that a focal point also needed a supportive manager as well as engaged volunteers at community or service level.

The answer may well be to give block grants to NS partners such as the Kenyan RC, the Lebanese RC and the Bangladesh Red Crescent to be that regional peer support, paying for a team as well as the innovative feedback mechanisms that they can perfect and replicate in other NS in the region. This approach does mean that stronger NS partners are supported but as they then can support other NS in the region, this would free up BRC technical support to concentrate on those NS partners who are lagging behind. Funding positions is always going to be necessary, especially in the current funding climate but maybe also embedding the surge delegate/s into the weaker NS might be a good use of resources?

APPENDIXES

7. Appending 2: List of interviewees

Name	Title	Affiliation
Mohammad MirBashiri	Senior CEA Adviser	British RC
Karsten Voigt	Cluster Manager	British RC - Nigeria
Diana Gideon NDE	Programme Officer	British RC - Nigeria
Olanrewaju Kazeem	CEA Focal Point - Lagos	Nigerian RCS
Mofe Tereh	Senior CEA Officer	Nigerian RCS
Lilian Adeogba	Regional CEA Adviser	IFRC Abuja Cluster
Md Amirul Islam	CEA Manager	Bangladesh RCS
Sultan Ahmed	Deputy Secretary General	Bangladesh RCS
Evelyn Munyao	MEAL Officer	Kenya RCS
Reuben Momanyi	MEAL Director	Kenya RCS
Sarah Nduku	HOD Policy and Governance	Kenya RCS
Winnie Ogolla	CEA Focal Point	Kenya RCS
Mable Zinange Chabururuka	Provincial Manager	Zimbabwe RCS
Angelina Manyisa		Zimbabwe RCS
Gabaza		Zimbabwe RCS
Allamine Mahamat Senoussi	National CEA focal point	Chad RC
Yves Stephane Ngaleu	IFRC CEA focal point	IFRC Central Africa Cluster
El Hadj Mahmat Abderahim	Executive treasurer	Chad RC
Pierre Ndiaye	Head Of Delegation Italian Red Cross	Italian RC - Chad
Fernand Azonnanon	National PMER focal point	Chad RC
Guigma Romain	Head Of Delegation Luxembourg Red Cross	Luxembourg RC - Chad
Doumkel Mbondobe	General Secretary	Chad RC
Dr Zakaria	Health director	Chad RC
Cecile Tomemte	Protection focal point	Chad RC
Zam Barminas Bongor	Migration focal point	Chad RC
Bipul Neupane	Communications Director	Nepal RC
Dharma Datta Bidari	Acting Executive Director	Nepal RC
Sarita Lama	Hotline and CEA Assistance	Nepal RC
Sarita Dhungana	CEA Coordinator	Nepal RC
Jeena Malakar	CEA Focal Point	IFRC- Nepal
Clarence Sim	Regional PMEAL/ CEA Adviser	British RC - Bangladesh
Makey Viza Fernandez	Regional PMEAL/ CEA Adviser	British RC
Kamrul Hasan	Project Manager, National Society Development	British RC - Bangladesh
Shadrack Watho	Programme Manager East Africa	British RC - Kenya
Gita Kumari Pandey	Senior PSEA and CEA Officer	British RC - Nepal
Ram Krishna Khatri	Senior PMEAL Officer	British RC - Nepal

Joe Fayad	Undersecretary General for Planning & Information Management	Lebanese RC
Sarah Attoue	PMEAL & CEA Manager	Lebanese RC

8. Appendix 3: Overview of NS partners

Countries	1) Is there a CEA policy?	2) Is there a standalone CEA strategy or is CEA integrated into NS strategy?	3) Is there a CEA action plan?	4) Has the NS conducted a CEA self assessment?	5) Is there a CFM guide/ SOP	6) Is there a sensitive feedback referral pathway?	7) Is there a dedicated CEA focal point at the NS (HQ level)?	8) Are there CEA focal points at the local level or sectorial (branch/ provincial/ district/ chapter)?
Bangladesh	Yes	Yes	Somewhat	Somewhat	Yes	Somewhat	Yes	Yes
Chad	Yes	Yes	Yes	Yes	Planned	Missing data	Yes	Somewhat
Kenya	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lebanon	Somewhat	Yes	Yes	Yes	Planned	Missing data	Yes	Yes
Nepal	Yes	Yes	Somewhat	Yes	Yes	Yes	Yes	Yes
Nigeria	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Zimbabwe	Yes	Yes	Yes	Somewhat	Planned	No	Post Vacant	Yes

9. Appendix 3: NS CEA Institutionalisation Timelines

Bangladesh Red Crescent Society:



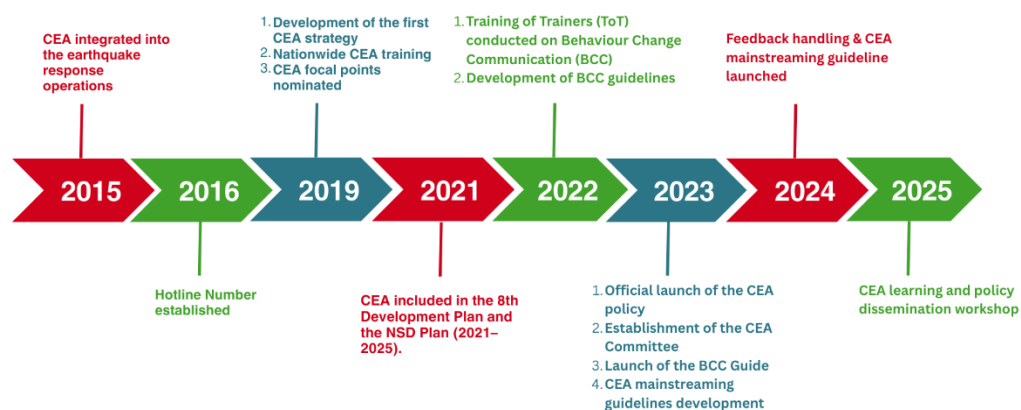
Red Cross of Chad:



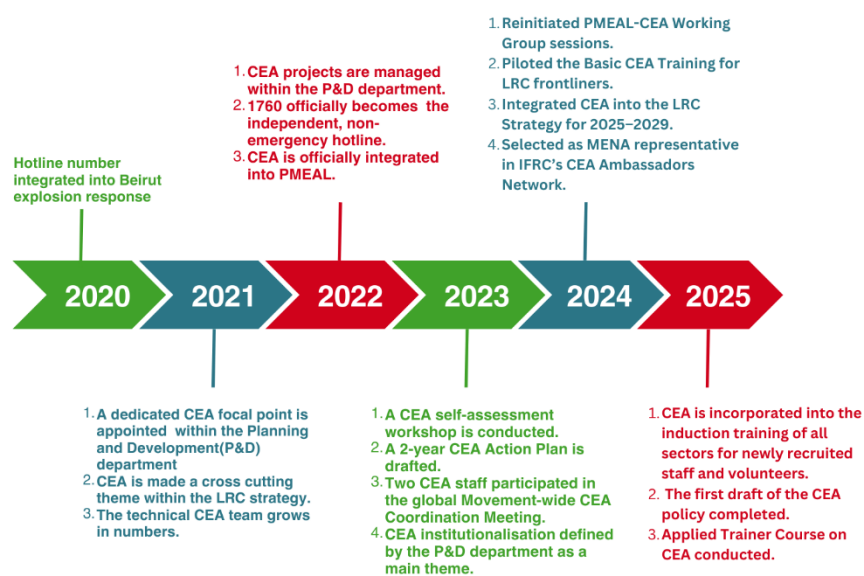
Kenya Red Cross Society:



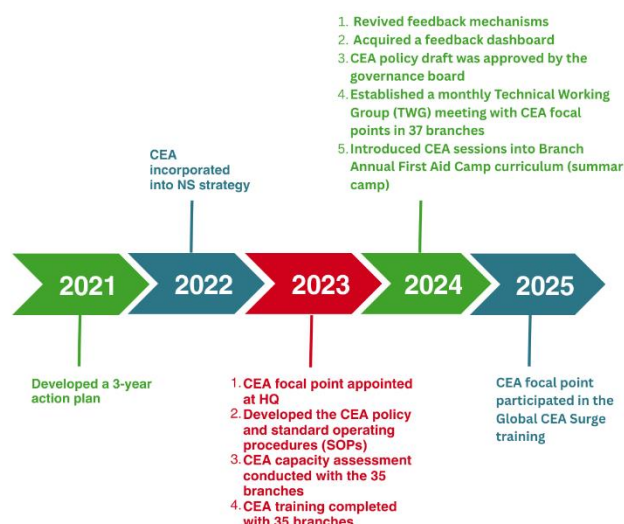
Nepal Red Cross Society:



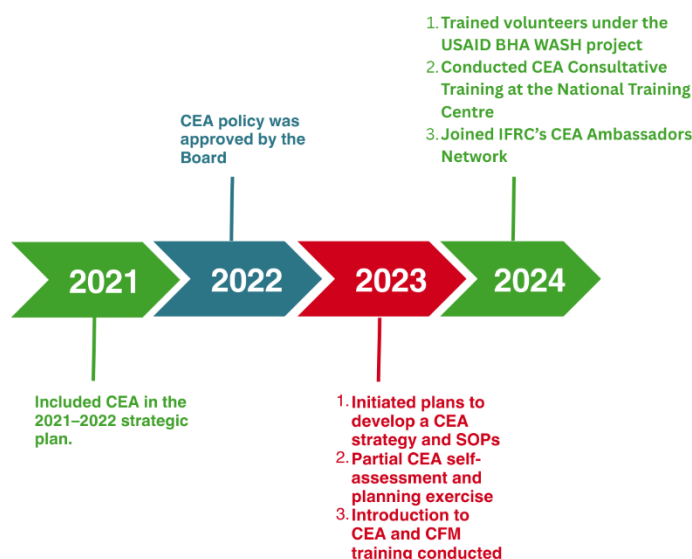
Lebanese Red Cross Society:



Nigerian Red Cross Society:



Zimbabwe Red Cross Society:



10. Appendix 4: CEA Institutionalisation Journey Video Series

- [Red Cross of Chad](#)
- [Kenya Red Cross Society](#)
- [Nepal Red Cross Society](#)
- [Nigerian Red Cross Society](#)