



FACT SHEET

CEA AND HYGIENE PROMOTION

Community engagement and accountability (CEA) is a way of working that recognises and values all community members as equal partners, whose diverse needs, priorities, and preferences guide everything we do. We achieve this by integrating meaningful community participation, open and honest communication, and mechanisms to listen to and act on feedback, within our programmes and operations.

Community engagement and being accountable to communities is not something new or separate from WASH programming.

Participatory approaches have been a large and fundamental part of WASH programmes for many years. We know that when everyone in a community – regardless of their gender, age, disability or background – has their voice heard and is actively involved in designing and guiding WASH improvements in their community, the impact on health, dignity and resilience are greater.

For example, community engagement approaches that hygiene promoters commonly use in WASH programmes include:

- Asking and listening to people's preferences and requirements on the design and location of WASH facilities, and then communicating this to the technical team.
- Discussing water, sanitation and hygiene related topics with people, through a number of approaches and channels including face-to-face, participatory activities and mass media, e.g., radio.
- Analysing the communities' practices and socio-cultural context related to WASH, household and community decision-making structures and power, trusted communication channels, and so on, to enable effective behaviour change approaches.
- Working with communities to identify and support them to implement local, practical solutions to improve WASH infrastructure and behaviours.
- Collecting feedback from men, women, boys, girls, people with disabilities and other marginalised groups on WASH facility operation and maintenance, distributed materials, hygiene promotion activities, challenges, satisfaction etc. to guide improvements to the programme.

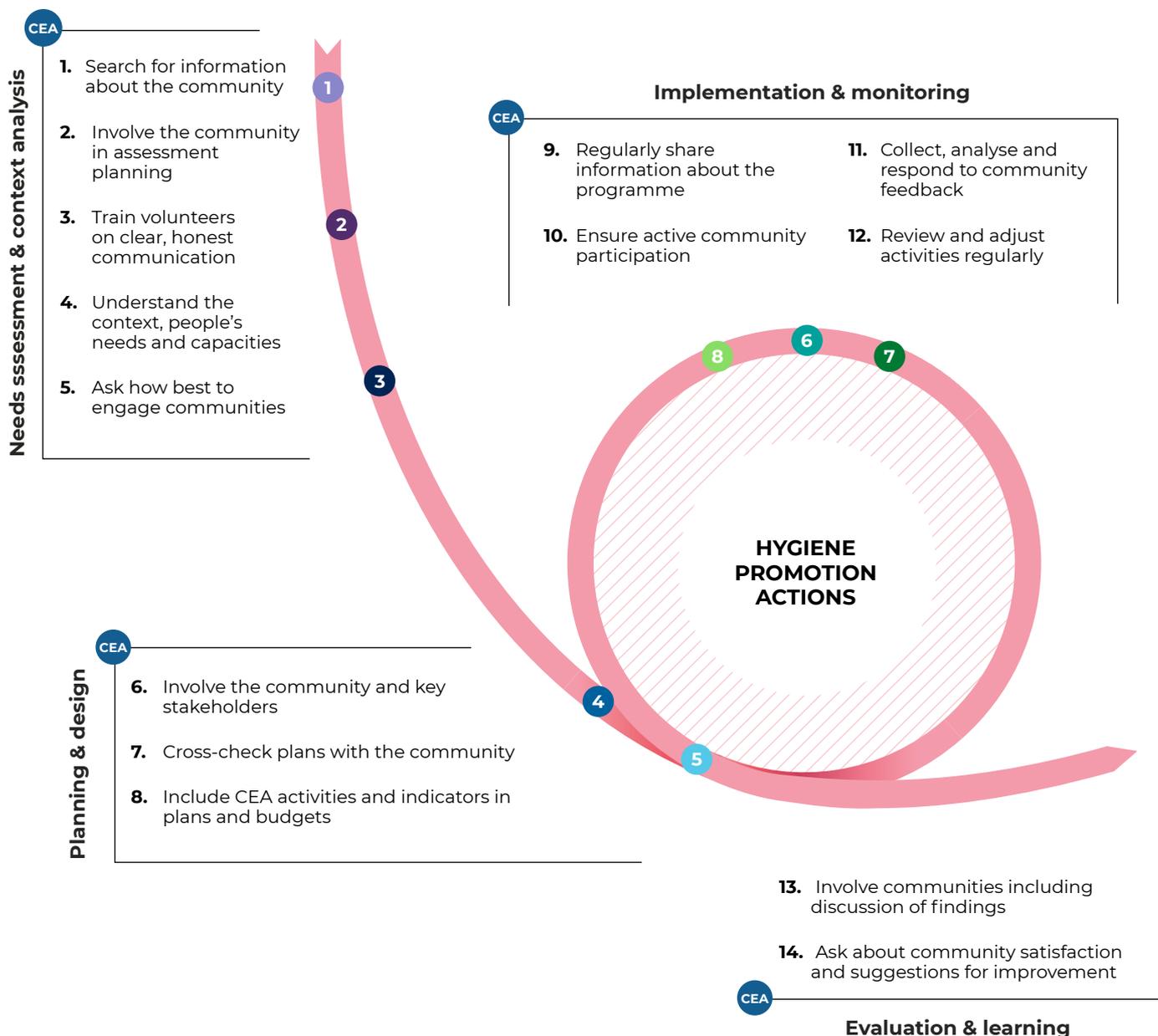
There are 14 key actions for achieving good community engagement over the 8-step process for hygiene promotion action [see diagram below].

Most National Societies already implement many of these actions within their WASH programmes. But although WASH has been doing community engagement for a long time, there is always room for improvement.

By taking a more systematic approach to community engagement – working in a transparent, inclusive and participatory way across the 8 steps for hygiene promotion – we can improve the quality, impact and sustainability of our WASH programmes.

These key actions can be used as a good reminder or to ‘cross-check’ what is already included in the WASH programme, and to identify any gaps or areas where community engagement could be strengthened. Use the scorecard on page 5 to help. For more detailed information on what each of the 14 key actions for CEA include see IFRCs [CEA guide and tools](#) (2021 revised version).

14 key actions for achieving good community engagement in hygiene promotion





HOW DO CEA AND HYGIENE PROMOTION FIT TOGETHER?

Community engagement for accountability is a way of working, or an approach that is relevant for all sectors and areas. Programming should always aim to include and be guided by the 14 key actions for good community engagement and accountability.

At the same time, there will often be a CEA staff member or focal point within National Societies and may be a CEA delegate deployed as part of operations. IFRCs CEA work is about supporting programmes to be delivered in an accountable way. There may be activities planned and budgeted for by the CEA focal point or team that **need to be aligned and coordinated with HP activities, to avoid duplication, confusion of the community, loss of trust and ineffective programming.**

For a WASH programme, there are a number of areas where working together can add value, including:

- Use the CEA focal point (NS staff, or IFRC delegate) as a **resource or partner for brainstorming and ideas** to strengthen community engagement throughout WASH programme – especially around participation, feedback systems, and communicating about who we are/what we do.
- Rather than having separate HP and CEA trainings for community volunteers, **involve the CEA focal point when planning hygiene promotion trainings and include sessions on participation, communication and accountability.**
- Work with the CEA focal point to understand how **WASH feedback fits into the broader programme (or National Society) feedback system.** The CEA focal point ensures that feedback is collected, shared and responded to in a systematic, coherent way across all sectors. Remember to document any feedback collected as part of the WASH programme, and how it was used for planning, design and adapting implementation.
- As early in the programme/operation as possible, ask the CEA focal point if they have **existing data collection tools for accountability. It is important to harmonise these tools** as much as possible to **ensure that all feedback collected as part of routine HP monitoring activities is captured, compatible with other sectors and useful.**
- Work with the CEA focal point **to understand how (and to who) non-WASH related feedback, questions and concerns should be referred to** (for example, when hygiene promoters are out in the community, and someone tells them a complaint about shelter or asks a question about livelihoods).
- Ask the CEA focal point to share **standard operation/programme information including RCRC introductions to community members** (e.g., who we are, what we do, what can you expect, where to provide feedback or complain). The CEA focal point works to ensure that we are ‘speaking with the same voice and listening with the same ears’.
- Very often in operations and programmes, risk communication activities are conducted by WASH, health and CEA teams – therefore it is vital to **collaborate and work together on risk communication, including risk perception, tracking of misinformation and training.**



WHAT ARE SOME COMMON MISTAKES OR CHALLENGES?

- **CEA should not lead** on information and education communication (IEC) materials and key messages – these need to be developed by the relevant health, WASH and disaster risk reduction technical experts.
- **Too much focus** on one-way messages as a way to change behaviours.
- **Community feedback** is only used to change what we say (messages), not what we do (changing programme activities).
- **Not documenting the feedback** received from communities and how it was used for planning, design and implementation.
- **Not coordinating** community engagement, social mobilization, health promotion, hygiene promotion and risk communication activities, which leads to duplication, wasted resources and confusion in communities. This also causes confusion amongst volunteers, as it is often the same volunteers who are asked to do all these activities.
- **Not being clear who should lead** on what activities in a programme or response, but as there is usually always enough work for everyone, this can be resolved by good coordination across sectors and teams and the development of shared work plans.
- **Reinventing the wheel** when there is a wealth of excellent resources already available.

WHERE CAN I FIND MORE INFORMATION?



[Ask the CEA focal point at at operation, country or regional level](#)

[IFRC CEA guide and tools \(2021 revised version\) including the Feedback Starter Kit \(step-by-step guidance and templates to plan, choose, set up and manage a feedback and complaints system\)](#)

[IFRC guide and tools: 8 steps for hygiene promotion in emergencies](#)

[IFRC Protection, Gender and Inclusion \(PGI\) in WASH guidance note \(2021\)](#)

SCORECARD

IS YOUR HP PROGRAMMING ACHIEVING GOOD COMMUNITY ENGAGEMENT? HOW ACCOUNTABLE IS YOUR HP PROGRAMME?

The table below can be used by the WASH team, together with the CEA focal point, either:

- **before implementation**, as a checklist during the planning phase to make sure all 14 key actions are included in the WASH programme, or
- **during or after implementation**, to rate or score how well your HP programme is putting the 14 key actions for good CEA into practice, and to identify any gaps or areas where community engagement could be strengthened.

Remember that hygiene promotion is a continuous and flexible process, and that assessment and analysis are not one-off activities (e.g. they need to continue over the programme cycle so that activities can be revised and adjusted as needed).

	Included in the HP programme?		
	Yes	Partially / somewhat	No
Assessment and analysis 1 2 3			
1. Search for existing information about the community 2. Involve the community in planning the assessment 3. Brief or train volunteers on the purpose of the assessment and how to communicate clearly and honestly 4. Take time to understand the context, people's needs and capacities 5. Include questions about how best to engage communities in needs assessments			
Design and preparation 4 5			
6. Community members and key stakeholders must be involved in planning the programme, including men, women, boys and girls and marginalized or at-risk groups 7. Cross-check plans with the community and other stakeholders before implementing to make sure they match needs and expectations 8. Include community engagement and accountability activities and indicators in programme plans and budget, outlining how information will be shared, community participation supported, and feedback managed			
Implementation, monitoring, review and re-adjust 6 7 8			
9. Regularly share information about the programme with community members, using the best approaches to reach different groups 10. Enable active community participation in managing and guiding the programme, including marginalized and at-risk groups 11. Collect, analyse and respond to community feedback, ensuring people know how they can ask questions, make suggestions or raise concerns about the programme 12. Review and adjust programme activities and approaches regularly based on community feedback and monitoring data			
Evaluation and learning			
13. Involve communities in planning the evaluation and discussing the findings 14. Ask community members if they are satisfied with the programme, how it was delivered and what could be improved			