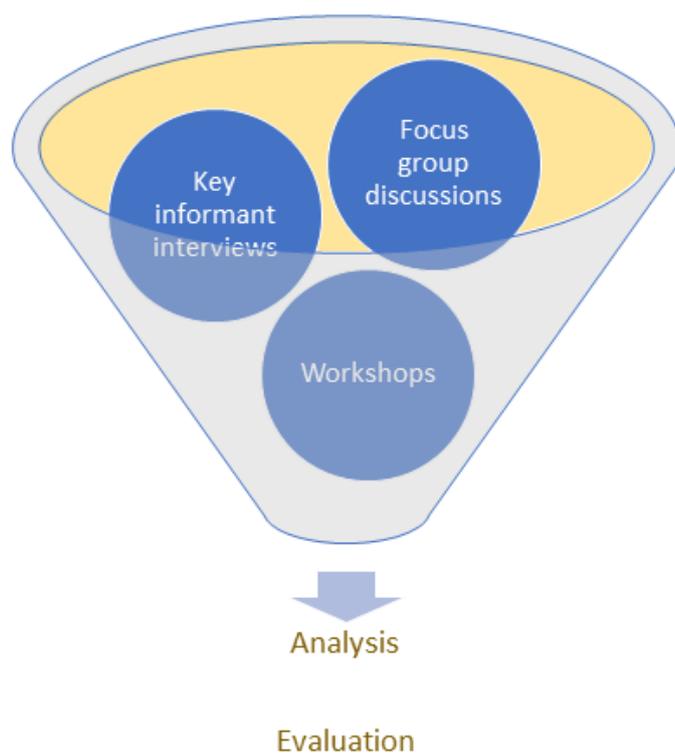# LEARNING FROM EVALUATING COMMUNITY ENGAGEMENT

This paper should be read in conjunction with the evaluation report *We're Listening: An evaluation of user-centred community engagement in emergency sanitation.* It provides additional detail and discussion about the evaluation methodology used by Oxfam.

OXFAM

BACKGROUND

In 2017, Elhra's Humanitarian Innovation Fund (HIF) launched an innovation challenge 'to create good practice guidance for rapid engagement with affected communities as end users to generate actionable and practical solutions for user-centred sanitation in emergencies'. Three humanitarian organizations implemented four pilots:

• in refugee camps in Bangladesh and Iraq (Save the Children (STC) with design partner Eclipse);

• Uganda (Welthungerhilfe (WHH), initially partnering with design consultancy Snook); and

• Lebanon (Qatar Red Crescent Society (QRCS)).

The pilots took place between December 2017 and October 2018 in early onset or protracted emergency contexts. The evaluation of the projects is available as a separate report *We're Listening: An evaluation of user-centred community engagement in emergency sanitation.* **This short methodology paper focuses on the evaluation methods used; it provides additional detail about the evaluation methods and discusses what Oxfam learned about the accessibility and effectiveness of the evaluation methods and framework.**

Part of the HIF challenge was to 'Develop a robust methodology to monitor and evaluate the impact of community engagement approaches on the overall satisfaction and use of sanitation facilities in emergency situations.' Oxfam, as the project's research and evaluation partner, developed an evaluation framework comprising an evaluation protocol, a set of question templates for focus group discussions, key informant interviews and workshops. Save the Children (STC) and Oxfam co-developed a monitoring and evaluation (M&E) framework for use by partners implementing the four pilot projects.

Four process evaluations were carried out by Oxfam between February and October 2018. Semi-structured research questions were developed to evaluate three main elements:

1. how communities participated;

2. how the three community engagement (CE) partners responded to their participation (i.e. how the sanitation design was altered);

3. what was the result of this participation (use, maintenance, satisfaction).

Section 1 describes the evaluation framework and methods. Section 2 discusses the strengths and weaknesses of the methods. Section 3 proposes amendments and considerations for future evaluations of community engagement.

1   THE EVALUATION FRAMEWORK AND METHODS

The **evaluation questions** were structured around a six-type community engagement cycle developed by Oxfam for humanitarian WASH programming (Figure 1).[1] This framework provided a generic structure to address the variations in community engagement methods used by each project. The evaluation questions aimed to gather information on the communities' experience of how and when they participated and the extent to which they perceived they had influenced the sanitation designs, project plans and decision making. Community members were questioned about how they obtained information about the project and whether the information was timely and compatible with their information preferences. Evaluation participants were also asked for their views on the intended project outcomes of latrine usage, cleanliness, ownership of operation and maintenance (O&M) and about their satisfaction with the sanitation facilities. Informal transect walks were completed to understand the study setting, local context and to observe the latrines (construction, cleanliness, evidence of use).

Figure 1: Community engagement: a continuous process[2]
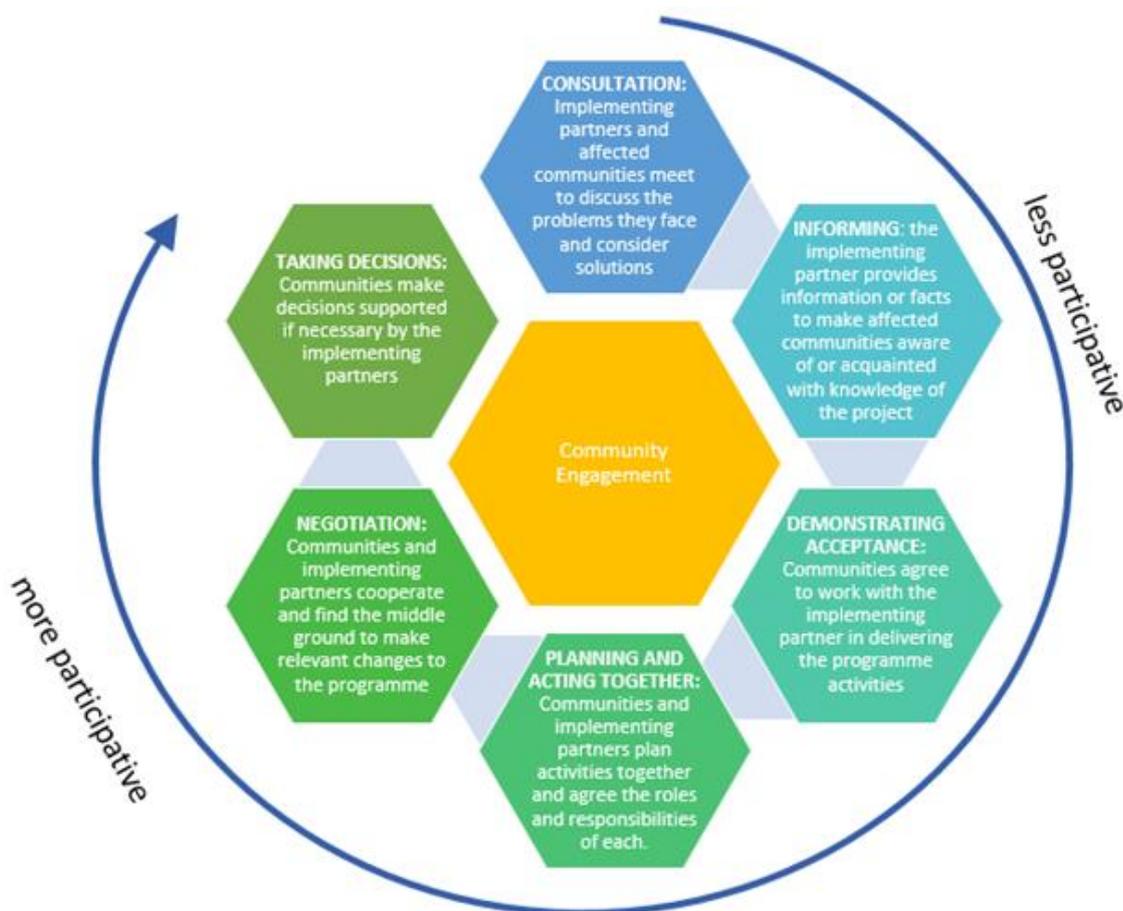
The evaluation methods used by Oxfam were the same for all four projects. **Each evaluation used the following *qualitative methods*:** key informant interviews (KIIs), focus group discussions (FGDs), workshops with staff and children, and informal transect walks. KIIs and FGDs were conducted with individuals representing different members of the community including mothers, fathers and community leaders, to understand their level of participation, awareness and knowledge of the project. Workshops were carried out with boys and girls (separately). Partner staff were interviewed individually and in a workshop about the methods they had used to engage

the communities, their views on the results and on their organization's capacity to support a community engagement approach. Interviewees were purposively sampled in each evaluation through consultation with partner staff. Interviewees were project beneficiaries and, except for some participants in Bangladesh, had been participants in the partners' community engagement process. Overall, 26 FGDs, 40 KIIs and 10 workshops were carried out across the four evaluations (see Table 1).

Table 1: Evaluation methods and numbers of participants

Evaluation location	Evaluation methods and numbers interviewed
Bangladesh	FGDs: 3 – 2 with caregivers (1 male, 1 female); 1 with Mahjis (male).
	Workshops: 2 with children (1 male, 1 female); 1 with 5 STC staff.
	KIIs: 8 – 2 female, 2 male caregivers; 1 community management (male); 3 STC staff
	Total: 44 community members and community management, evenly split between male and female and including (out of targeted 343): 13% sample.
	8 staff (100%)
Iraq	FGDs: 4 – 2 with caregivers (1 male, 1 female); 2 with community leaders (all male)
	Workshops: 3 – 2 with children aged 5–12 years; 1 with STC staff (4 staff, of whom 2 interviewed as KII)
	KIIs: 8 – 2 female caregivers and one male; 2 male community leaders and 3 staff.
	Informal observations: 5
	Total: 55 community members and community management, evenly split between male and female adults and children (out of targeted population of 574): 10% sample.
	5 staff (71%) and the Eclipse partner
Lebanon	FGDs: 6 – 4 with adult women, 1 adult men, 1 vulnerable women
	Workshops: 3 – 2 with children (1 male, 1 female), 1 with QRC staff
	KIIs: 15 – 1 female, 3 male Shawish (community leaders); 1 man and 1 woman with special needs and 2 male volunteers. Staff – 2 men and 5 women.
	Total: 62 community members and leaders (out of targeted population of 809): 8%
	7 staff (programme support staff not interviewed; % sample unknown)
Uganda	For both Imvepi and Bidi Bidi:
	FGDs: 13 – 2 female only adults; 2 men only adults; 2 household latrine owners (1 female, 1 male); 2 people with special needs (1 female, 1 male); 3 with primary school children and 2 WHH hygiene promoters. Plus 1 large group discussion of c.100 people.
	Workshops: WHH staff (mixed)
	Informal interviews during transect walks: 10
	KIIs: 9 – 5 with WHH staff; 2 with Refugee Welfare Committee chairperson, 2 male community members (masons)
	Total: 134 community members and management interviewed (KII and FGD) plus a large FGD/group meeting with 80–100. Total c.215 people (out of targeted population of 2400): sample size approximately 9%.
	5 staff (out of 7 = 71%)

The evaluation teams: Four different teams carried out the evaluations, each composed of at least two evaluators (one WASH, one MEAL). In Bangladesh, two Oxfam evaluators were joined by STC MEAL staff. The Iraq team was composed of one Oxfam WASH staff member, a researcher from the London School of Hygiene and Tropical Medicine and an STC MEAL staff member. Lebanon was evaluated by two external consultants recruited by Oxfam (one WASH and one MEAL). In Uganda, the evaluation team combined an Oxfam WASH staff member and an external MEAL consultant. Translators from the location were used in all four evaluations; in Iraq, 2–3 notetakers accompanied the evaluators and translators in each KII and FGD. Each team recorded data on paper and wrote up detailed transcripts of participants' responses. An evaluation report was completed for each location.

Consent and ethics: At each of the four sites, camp management was approached for permission for the evaluation to take place by the partner agency. The evaluation's purpose and intended use of the data was explained to all participants and verbal consent was sought. All data recorded from community interviews was anonymous.

Analysis: Oxfam had planned to use qualitative data analysis software (ATLAS.ti) to analyse the transcripts. Owing to language idiosyncrasies and translation variations, Oxfam decided that the ability of the software to code the results would be undermined. As a result, the analysis was done manually. Each set of transcripts was analysed by identifying general categories of answers and themes and quantifying the number of times participants provided these answers or comments. For example, participants were asked how they were kept informed about the project; their answers were grouped (for example 'by household visits' or 'as a group') and the number of responses per type of answer noted. Anonymous selected quotes were used to illustrate the findings.

Partners' monitoring data: In addition, each of the four projects was asked by Oxfam to gather monitoring data from community members in relation to the three project outcomes (use and maintenance, satisfaction and participation in process). The indicators measured, for example, community members' feedback on latrine usage, satisfaction, safety and comfort and the frequency and type of their participation in the project. The data collection was incomplete for all partners; where available it was used as part of the project evaluations.

Most of the partners incorporated a user-centred design (UCD) approach. The evaluation assessed UCD as a design-focused element of a wider community engagement approach. It did not seek to evaluate the effectiveness of UCD as an alternative to traditional CE approaches.

Limitations of the evaluations

The complexity of the projects (in four countries, with three partners using different methods) made the evaluation challenging. Throughout the evaluation process the methods were adapted to reflect field realities and learning, but the evaluations would have benefitted from better coherence with the approaches used by each project. For example, the effectiveness of the UCD co-creation method could have been interrogated in more depth.

Oxfam experienced several staff changes; this was resolved as replacements were rapidly recruited, but some (verbal) information was inevitably lost between handovers.

The Bangladesh and Iraq evaluations spent insufficient time interviewing in the camps. This resulted from the time needed to train translators and the limited overall time that the STC teams could make available for the evaluation. In Bangladesh one of the field days was a festival, and the Iraq evaluation took place over Ramadan and Eid. Translation quality was a significant

problem in both locations. In Iraq, the evaluators worked with verbal translators and note-takers. Although this was intended to increase rigour, poor quality translation undermined the value at times – for example some of the verbal and written translations contradicted each other.

STC shared its digital survey results with Oxfam prior to the two evaluations, but the project's monitoring data was not yet available for either evaluation team. Staff changes in Oxfam led to uncertainty about whether the Iraq evaluation would take place on the expected dates. Collaboration between the Oxfam evaluators and Eclipse was therefore reduced in Iraq. Similarly, Oxfam and Snook, WHH's design consultant, did not exchange information. As each of the four projects had changed significantly since the time of the proposals (including in location), the evaluations often lacked up-to-date project information describing the project activities and methods.

None of the partners had been able to monitor all the outcome indicators. There was only partial coherence between the partners' own survey data and the cross-project monitoring indicators, partly because the monitoring spreadsheet was not finalized by Oxfam until December 2017, by which time two of the projects had already begun.

Because of delays to the WHH and QRC projects, the Oxfam evaluations were also delayed by several weeks. Consequently, the workshop originally planned for all partners to discuss results and good practice was cancelled: by then several partner staff had left their organizations and there was insufficient time remaining for Oxfam to process the results. Partners were instead asked to hold internal workshops in their own locations, using a set of proposed questions and issues to discuss. In the event, only STC with Eclipse carried this out as an internal discussion.

Managing the evaluations

Clearer roles and responsibilities between Oxfam and the partners about field support to the evaluation teams would have avoided the difficulties encountered in relation to security, logistics and transport. It would be beneficial to combine the iterative programming used in the projects with a commitment to updating information – such as HIF requiring a short description of the final project objectives and methods of all partners. More accessible information would have enabled the evaluation to save time establishing basic project facts and to adapt evaluation questions better to the partners' methods.

2 THE EFFECTIVENESS OF THE EVALUATION METHODS

To what extent did Oxfam's evaluation methods successfully measure the extent and results of partners' community engagement?

The evaluation methodology provided a detailed and rigorous framework which addressed a range of the objectives of community engagement. It enabled evaluators to focus exclusively on community engagement and in particular on the communities' perceptions of engagement and its impact. Information about the approaches used to engage communities is typically not recorded in detail by WASH practitioners, and as a result, the sector has had limited access to rigorous learning to determine what works well – who, how, when communities should be engaged. The evaluations gathered considerable data about what was done, what the communities thought of the approaches and whether it led to change (i.e. improvements in the sanitation facilities). The provision of a common M&E framework for all partners to use was also effective – although rarely fully completed, useful data was collected and provided a valuable complement to the evaluation data.

The evaluation framework

Evaluating community engagement was far from straightforward, however. There was sometimes an uneasy correspondence between Oxfam's six-type community engagement framework and the partners' various methods and user-centred approaches. For example, 'consultation' in the Oxfam community engagement framework includes shared consideration of solutions as well as problem identification. It therefore spans both the surveying and discussion/co-creation methods used by partners. The joint process of agreeing solutions used in co-creation could be analysed as a form of consultation, or planning and acting together, or negotiation, or even taking decisions. In addition, the partner projects' focus on design (only) meant that evidence for other dimensions addressed in the community engagement evaluation (such as community management, O&M) were weak. 'Demonstrating acceptance' was often interpreted as attending meetings and participating in surveys. The notion of acceptance is itself complex. It can, for example, mean simple consent or it can mean approval. Distinguishing between passive consent to a survey and a demonstration of choice proved difficult, particularly as some of the projects did not engage communities in the implementation.

Overlaps between each community engagement element made the questions seem repetitive; the transcripts show that responses were often the same for different elements of the community engagement typology. This was exacerbated by variations in the way the evaluation questions interpreted the framework and in the way evaluators understood them. For example, the first field versions of the evaluation questions had interpreted 'negotiation' solely as feedback mechanisms, omitting the all-important process of reaching 'the middle ground'. While it was appropriate to focus 'taking decisions' on those related to O&M, the coherence was tenuous and the meaning somewhat vague.

Overall, the transcripts demonstrated that communities struggled to understand the conceptual foundation of the questions – what did planning, or taking decisions mean? While the difference between being consulted, planning and taking decisions may seem conceptually clear to Oxfam, its application did not appear to be easily recognized by evaluation participants. It was also difficult for evaluators to separate questions concerning the flow of information (to or from the communities) from active engagement involving having some power and influence. It may be that evaluators need to adapt such question types to the particular context to identify more recognizable categories – for example exploring real life examples of decision making or planning

that may resonate with the community and be more easily understood. The Uganda evaluators used the tangible result of the latrines as the interview reference point. Questions began by asking people about their latrine and what they thought of it, then worked backwards to elicit their perceptions of how its design and construction came about. This worked well, though it was apparently time-consuming.

The evaluation questions

The evaluation questions were too long. Striving to ensure a rigorous assessment of the details of how, when and where communities were engaged, the questions had become too detailed and numerous. Simplicity and accessibility were inadvertently traded for research rigour. For example, the community KII template listed 43 questions (counting each sub-question of the 6 community engagement question types). Feedback from the Bangladesh and Iraq evaluations led to a revision of the evaluation questions for Uganda and Lebanon: the number of questions was reduced and new questions related to organizational issues were added.

Yet even the heavily shortened versions used in Uganda and Lebanon were difficult for the evaluators to complete. It was clear that, when some time has passed, detailed information about the forms and frequency of engagement exceeded the recall powers of the interviewees. Several questions anticipated too much knowledge about the systems and behaviour of other people; for example, detail about who was consulted (e.g. whether the right people were, whether other people than the interviewee participated etc.). Answers to these questions were typically of limited value (yes, 'the right people were talked to'); alternative ways of establishing inclusiveness may be more effective. Repetition and dead ends also led to evaluators running out of time and being unable to address other important aspects. It also possibly tried the patience of the communities.

The evaluations' intended level of detail may be feasible to record during ongoing monitoring, but it appears to be unrealistic for post-hoc evaluation. For future evaluations of community engagement, a far simpler enquiry would be more realistic, gathering people's qualitative recall and assessment of the interactions, ideally combined with an implementing partner's monitoring and project records.

Evaluating outcomes

Key outcomes evaluated were satisfaction (with the latrines overall, their design, their location) and ownership (cleanliness, use, O&M). Outcomes are generated by combinations of project activities and human behaviour. Satisfaction did appear to be linked to the user-centred process of design, leading (usually) to more appropriate latrines. Communities were not satisfied simply because they had been fully consulted – satisfaction linked to the extent to which the projects acted on the communities' ideas, solutions and feedback. However, satisfaction also appeared to be strongly linked to the tangible value of the outputs (e.g. more expensive, quality superstructures) and to how skilfully the evaluators managed the process of measuring satisfaction. Some people may be too polite to express dissatisfaction, others will adjust their satisfaction (with the latrines) because of other factors such as their overall relationship with staff, imminent project closure etc. One evaluation found that asking people in an FGD to physically move to 'vote' on satisfaction produced more realistic results.

The evaluations found that the link between community engagement and ownership (use, cleanliness, maintenance) was inconclusive. There were too many overlapping variables and insufficient data and time. The projects were likely to have been too short-term to successfully establish community management, even had they aimed to do so (the design focus of the projects often meant that this was not an objective). Hygiene promotion messaging inevitably (or hopefully) influences community attitudes to latrine cleanliness and maintenance and therefore made it

difficult to isolate the impact of better designed latrines on ownership. Latrine usage and open defecation data are important proxies, but require far more investment and systematic monitoring than was afforded in the HIF projects. Such data should also be collected for longer periods following construction than was possible in the short-term HIF projects. Unless a project does not include hygiene messaging, it is unlikely that evaluations can measure the effect of community engagement on ownership alone. Equally, whether communities have household or shared family or communal latrines appears to greatly affect the users' inclination to clean and maintain them. Future evaluations could record the likely effect of the type of latrine and any messaging aimed at changing behaviour, acknowledging that community engagement was a contributing factor, not the sole cause of improved ownership. Opportunities could be sought to compare similar projects – one which emphasised hygiene promotion only with another that also actively engaged the communities in the sanitation design.

The lack of a counterfactual weakens any evaluation of the effect of community engagement. How can the impact of community engagement be measured if comparisons are not made with the same or similar projects implementing without the engagement of users? A counterfactual was not feasible in practical or ethical terms and it was already difficult for the HIF project to identify suitable contexts. However, future community engagement evaluations could explore whether data could be compared with that of another agency working in the same location, or with the same agency's projects carried out before the HIF project, that had not engaged the community. This may have been feasible in Uganda, for example, with additional investment, as WHH had been present before the HIF project and previously constructed latrines. The designs in two locations could be compared to assess appropriateness, and quality and sample surveys carried out with communities to compare satisfaction and use.

Organizational issues

The first two evaluations did not include questions about the NGO's organizational barriers and enablers concerning community engagement approaches. All three of the partner agencies commented that organizational issues influenced the success of the projects as much as the methods used. Questions were added for the third and fourth evaluations. Any community engagement evaluation should also address issues such as (adaptable) budgeting and project planning, staff training and attitudes, structural links between designers (engineers) and community-based staff such as mobilizers and hygiene promoters. The operating context is also critical – coordination, land ownership, space, government policy and humanitarian standards – as they affect the options available to agencies wishing to act on community ideas and feedback.

The objectives of community engagement

The uneasy coherence between Oxfam's understanding of community engagement and the narrower design focus of several of the HIF implementing partners could have been partly addressed through greater clarity about the *objectives* of community engagement. For example, community engagement may, at certain stages of a project, be largely aimed at improving design. It may also aim for relationship-related outcomes such as acceptance by the community. Community engagement may seek to influence social and political factors such as community cohesion, women's status and power or overall empowerment through increasing community management. A clearer understanding of the HIF projects' objectives (defined or not) would have enabled the evaluation to adjust the questions, focus better on what was being aimed at, consider what kind of community engagement objectives were feasible in short projects (useful learning in itself) and more clearly assess the implications of excluding certain elements of community engagement.

Monitoring

The overall monitoring framework used by all partners was typically not completed, and proved too long or difficult to monitor. Its structure of three outcomes was useful and could be retained and developed, using fewer indicators. Data about latrine usage were derived from qualitative, self-observed data (insufficiently reliable), and partners largely failed to measure open defecation. This important monitoring data should be emphasised in future projects as it is a key proxy indicator for understanding whether engaging with users leads to increased ownership and, ultimately, contributes to improved health outcomes.

3 USEFUL APPROACHES AND SOME SUGGESTIONS FOR FUTURE EVALUATION METHODS

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Key learning and issues to change or address

- Create a simpler framework for the evaluation which uses types or categories of enquiry that do not overlap and can be clearly distinguished from each other.
- Shorten the FGD and KII templates to about 10 questions.
- Clarify the community engagement objectives of the projects and ensure the evaluation is designed to address those objectives.
- Evaluation questions should refer to the specific (consultation) methods used in the project, e.g. if a partner used certain participatory tools such as 5-Whys in an FGD, or co-creation meeting, build questions around them to prompt recall and better identify what people enjoyed, or found useful.
- Consider a question structure that follows tangible events rather than process – for example, using the actual project constructions/latrine as the focus of the questions, exploring the process that led to its design.
- M&E framework: retain the three outcomes, but reduce the number of (similar) M&E indicators – see Table 2 for some suggestions.
- Ensure that monitoring includes the frequency and type of consultation and robust latrine usage, and open defecation data.
- Look for ethical opportunities to establish counterfactuals and to compare the relative influence on ownership of hygiene messaging alone with that of community engagement in design.

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The following briefly discusses possible developments in Oxfam's evaluation framework and monitoring indicators.

Simpler evaluation structure

Possible alternative evaluation structures could be linked to 'chunkier' elements that are distinctly different, and/or to tangible stages – such as following the project cycle. For example:

Consultation/assessment

- Questions about how, when (in monitoring), what and with who

Design – negotiation and selection of solutions

- How did the design and location features get selected, who decided and how?

Feedback/iteration (cycle of influence of community feedback on the design and construction)

- Questions about ongoing opportunities to feedback and the results of that feedback

Construction – community planning and roles

- Who did or does what; who decided and how

O&M – community management

- When and if this was discussed

- What was agreed
- Who decided and how

It could be that the sector must accept 'good enough' evaluation data, rather than aim for research standards. The presence of confounding variables is likely to interfere with attempts to link community engagement with complex outcomes such as ownership. Arguably, aiming for high research standards may not be worth the investment. It might be that greater investment in monitoring combined with a simpler evaluation would yield good enough data. Another qualitative research dimension worth exploring is to gather more feedback from staff. Future pilots could consider adding a short survey of staff who have experience of zero or low community engagement WASH projects, asking for a comparison with the user-focused project. This could provide valuable feedback on their perceptions of impact on design, appropriateness, satisfaction, use and ownership.

Monitoring

The M&E spreadsheet co-developed by Oxfam and Save the Children was a useful basis for monitoring, but was too long. None of the partners succeeded in collecting data against all the indicators. **It did however lead to some useful data collection.**

The number of indicators could be reduced by as much as half. Some (highlighted in Table 2 in italics) are difficult to monitor and unlikely to be known by the community. Others are too vague or repetitive – for example 3.4 and 3.5 may be less easily understood than the more tangible focus on actual latrines in 3.10.

The indicators could also be structured to reflect the stage of the project – some are useful for early indications of the project's appropriateness (information provision; influence on design). Others apply to later in a project – management mechanisms etc.

Table 2: The M&E spreadsheet used for the HIF projects

(Indicators in italics are those which could be cut or merged; e.g. they proved difficult or impractical to monitor or partly repeated an early indicator):

Outcome 1: Community members feel more comfortable using maintained latrines (use and maintenance) *Simpler formulation: Community members are using and maintaining the latrines*	1.1 % of community members report always using latrines ***add observed latrine use monitoring** 1.2 Community/camp is observed to be 100% open defecation-free *1.3 Reduction in the amount of time between a fault being reported and the repair being carried out* *1.4 % of targeted vulnerable groups (e.g. women, children aged 5–12, those with disabilities, the elderly) report using latrines as their main sanitation option* 1.5 % of women, children and those with special needs report feeling safe and comfortable using latrines (day) 1.6 % of women, children and those with special needs, report feeling safe and comfortable using latrines (night) 1.7 Latrines being maintained by community members 12 weeks into the response
Outcome 2: Community members are satisfied with latrines (satisfaction)	2.1 % of community members report satisfaction with the design of latrines 2.2 % of community members report satisfaction with the siting of latrines 2.3 % of community members report satisfaction with the ongoing cleaning /maintenance of the latrines ***move to outcome 1** 2.4. % of community members report satisfaction with the type of information provided 2.5. % of community members report satisfaction with the form in which the information was provided (enabling it to be easily understood by all)
Outcome 3: Evidence of the value of community engagement in sanitation during emergencies is generated (participation in process)	3.1 At least one community structure identified, engaged, supported and functional regarding sanitation O&M *3.2 Community O&M structure has created and is implementing an action plan for operation and maintenance of latrines* 3.3 At least 2 community engagement meetings/co-creation sessions held between implementing partners and affected community in design and iteration process ***add monitoring of frequency and type of consultation, including community satisfaction with the approaches** 3.4 % of the surveyed community feel they had the opportunity to participate in sanitation design *3.5 % of surveyed community feel that someone in their community had the opportunity to participate in sanitation design* 3.6 % of vulnerable population (women, children 5–12, those with disabilities, the elderly) surveyed who believe their feedback will be/has been listened to

	3.7 % of staff who think that engaging communities in sanitation design is beneficial
	3.8 % of staff who think that engaging communities in sanitation design is feasible
	3.9 Latrine attendants are selected using an open and transparent process, with community members made aware of the process
	3.10 # of latrines stalls constructed or altered in a way that actively responds to identified priority feedback of the community.

The M&E data collected during the HIF projects has provided useful learning. More testing, using adapted versions of the methods, could help inform the sector further about best practice in community engagement in sanitation and other sectors.

NOTES

1   E. Niederberger, L. Knight, M. O'Reilly (2019). An Introduction to Community Engagement in WASH. Oxfam. http://policy-practice.oxfam.org.uk/publications/an-introduction-to-community-engagement-in-wash-620611

2   Ibid. See page 13.

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