What is
COMMUNITY ENGAGEMENT
(CE) in WASH?

The overall aim of Oxfam's WASH response in emergencies is to minimise public health risks in relation to water, sanitation and hygiene.

What does this mean in practice?

It means working more directly with a wide range of people affected by the crisis to better understand them, to motivate them to make positive behaviour changes, and to strengthen their capacity to reduce/prevent public health risks and make their own decisions. We call this work community engagement (CE).

Different, Not New.

CE in WASH in not new. Community participation has always been the backbone of Oxfam's emergency WASH programmes. But the way we do it now is different, with greater emphasis on forward planning and a deeper focus on building trust with crisis-affected populations to put them at the centre of our WASH programme.

Is CE new for Oxfam?

In practice, this involves continuous interaction and appropriate consultation with diverse community groups in relation to WASH facilities and services, acting on their concerns in a timely manner, and providing feedback on all changes made.

CE principles are not new to the humanitarian sector.

In WASH, these principles are drawn from a wide range of disciplines but focused on a collective, rather than household, approach. Given that WASH needs apply to all and can result in widespread disease outbreaks when inadequately addressed, it is critical to involve as many people as possible in the programme.

CE in WASH is a blend of epidemiology, public health, anthropology and hygiene promotion, focused on tailoring responses to the unique needs of each community.

"... we suffered many deaths in the Butsili neighbourhood because of the mistrust between us and the Ebola response team ...Oxfam approached me and explained how they're involved in the response ... After information and training sessions, I initiated meetings with fellow community leaders in my neighbourhood to discuss how to fight this disease. We used to receive visitors and bury the dead without verifying their health status, but now we no longer do it."

**KAMBALE MUSANJALIRA JOSUÉ,
NEIGHBOURHOOD HEAD, NORTH KIVU, DRC**

Why is trust so important?

How can people be motivated to change their behaviour if they don't believe/trust that the new actions will make a difference?

- When it comes to disease outbreaks, people will always have existing coping mechanisms. We want to build on existing capacity, not replace it with our own understanding.

- We want to enable people to live as normally as possible despite the great upheaval in their lives; this means understanding what was normal before the crisis, and supporting a transition back to that familiarity, with agreed improvements.

- We want to increase acceptance and trust in our WASH activities by using community feedback to make timely changes to our programmes.

To learn more, see our **INTRODUCTION GUIDE TO CE IN WASH,** and the **CE RESOURCING PAPER.**
Find them both at
bit.ly/CommunityEngagementinWASH

OXFAM

How is our CE approach now different?

Previously... Communities fitted into our WASH programmes.

Now... We're more flexible, adaptable to communities and responsive to put people at the centre (creating a space to listen and understand, rather than talk and assume).

RISK

PREVIOUS Conducting rapid risk assessments, with very little documentation.

NOW Greater reliance on qualitative data (collected in collaboration with the community), and an ongoing process of collecting/building on information gathered in relation to risks, as opposed to a one-off event at the onset of the emergency.

INCLUSION

PREVIOUS Consulting vulnerable population groups about their priorities and preferences but centring all ongoing interaction around the 'visible community' groups and local elites.

NOW Ensuring ongoing interaction with a diverse community – especially vulnerable and marginalised population groups, women and girls – to tweak and improve the quality of WASH facilities and services.

COMMUNICATION

PREVIOUS Using multiple communication channels but through a largely didactic approach (telling people what to do).

NOW Creating a space to listen with:

- greater emphasis on two-way communication;
- flexibility;
- honesty and openness around our knowledge levels, and around what we can and cannot offer by way of support;
- willingness to link the community with other external stakeholders as required.

PARTICIPATION

PREVIOUS Using a variety of participatory methods (focus group discussions, transect walks, mapping) with very little analysis as to their effectiveness.

Listening to people to understand their preferences in terms of the delivery of WASH facilities and services, but not necessarily adapting the design accordingly.

Consulting different groups on their needs and preferences but not in a consistent or structured manner.

NOW Increased measurement of community participation to understand the effectiveness of each approach, and to motivate and support people's behaviour changes. Working with communities in participatory design and modifications.

Consulting diverse groups (including women and girls), ensuring their concerns are acted upon (with the design and structure of WASH facilities adapted accordingly), and then consulting again: CONSULT, MODIFY, CONSULT.

UNDERSTANDING

PREVIOUS Undertaking lengthy knowledge, attitude and practice surveys at the start and end of projects. These would rarely identify the specific changes needed, nor deepen our understanding of people's actions and preferences.

NOW Better contextual understanding – on an ongoing basis using primarily qualitative approaches – to identify formal and informal stakeholders, trusted information sources and providers at community level.

PROGRAMME IMPLICATIONS

Resources Required

It is critical that we continue to adapt our WASH programmes in a way that effectively incorporates CE — this requires defining essential resources based on the programme, identifying the gaps in capacity, and adjusting budget lines accordingly.

STAFF
Human Resources

Increased investment in human resources, particularly at field level (interacting with communities) and with greater emphasis on gender balance, aiming for female representation at all levels.

EXAMPLES
- *500 targeted individuals:*
  1 PHP/WASH Community Based Volunteer (CBV)
- *5,000 targeted individuals:*
  As above, plus 1 PHP Assistant (i.e. 1 PHP Assistant, 10 CBVs)
- *10,000 targeted individuals:*
  As above, plus 1 PHP Officer (i.e. 1 PHP Officer, 2 PHP Assistants, 20 CBVs)
- *30,000 targeted individuals:*
  As above, plus 1 PHP Team Leader (i.e. 1 PHP TL, 3 PHP Officers, 6 PHP Assistants, 60 CBVs)
- *50,000+ targeted individuals:*
  as above, plus 1 PHP Coordinator, required for responses with multiple field office locations, epidemics, or more complex responses
- *WASH Information/Reporting/ Communications Officer*
- *Expert support depending on the context: epidemiologist/anthropologist*

CAPACITY
Knowledge & Skills

- Know-how and skills to effectively engage communities.
- Training/capacity building

EXAMPLES
- *WASH capacity builder*
- *CE guidelines and tools adapted to context*
- *Indicators in logframes*

BUDGET
Financial Resources

- Flexible budget lines
- Dedicated budget lines

EXAMPLES
- *Community grants for additional communication/ telephone credit, transportation, materials, training etc.*
- *Formative research (e.g. anthropological investigations into disease transmissions)*
- *Language support (Translators without Borders: language mapping and training on multicultural communication)*
- *Systematically collect, analyse and use qualitative information. E.g. Community Perception Tracker*