FINAL EVALUATION

Community Engagement and Accountability

Ukraine and Impacted Countries Emergency Appeal

February 2026

FINDINGS REPORT

Ukraine and Impacted Countries Emergency Appeal, Community Engagement and Accountability Evaluation

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Acknowledgements

The evaluator and evaluation management team would like to thank all those who contributed their time, insights, and expertise to this evaluation.

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By taking the time, during the busy end of year and end of Appeal period, to participate in this process, and generously share your experience, insights and knowledge, you have helped ensure that this evaluation provides a deeper understanding of what enables meaningful community engagement, what constrains it, and how we can strengthen the way we work with affected people in future operations — not only in Europe, but globally.

Special thanks are extended to Evaluation Management Team for their guidance and input throughout the process.

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Acronyms and abbreviations

AI	Artificial intelligence
AVAIL	Amplifying the Voices of Asylum Seekers and Refugees for Integration and Life Skills
BOCA	Branch Organisational Capacity Assessment
CEA	Community Engagement and Accountability
CHF	Swiss Franc
CRM	Customer relationship management
CVA	Cash and Voucher Assistance
DCC	Disasters, climate and crises
DEC	Disasters Emergency Committee
DEH	Digital engagement hub
DG ECHO	Directorate-General of European Civil Protection and Humanitarian Aid Operations
DREF	Disaster Response Emergency Fund
DT	Digital Transformation
EA	Emergency Appeal
ECHO PPP	Pilot Programmatic Partnership between the IFRC and DG ECHO
FAQ	Frequently Asked Questions
FGD	Focus Group Discussion
GDPR	General Data Protection Regulation
HDCC	Humanitarian Diplomacy and Communications Coordination
HNS	Host National Society
HoD	Head of Delegation
HQ	Headquarters
HRC	Hellenic Red Cross
HSP	Humanitarian Service Point
IC	Impacted country
IFRC	International Federation of Red Cross and Red Crescent Societies
IM	Information Management
IT	Information technology
KII	Key Informant Interview
MHPSS	Mental Health and Psychosocial Support
MTR	Mid-Term Review

NLRC	Netherlands Red Cross Society
NS	National Society
NSD	National Society Development
OCAC	Organisational Capacity Assessment and Certification
PER	Preparedness for Effective Response
PDM	Post-Distribution Monitoring
PGI	Protection, Gender and Inclusion
PMER	Planning, Monitoring, Evaluation and Reporting
PNS	Partner National Society
PSS	Psychosocial support
QR	Quick Response
SML	Social Media Listening
SMS	Short message service
SOPs	Standard Operating Procedures
SRC	Slovak Red Cross
TRCS	Turkish Red Crescent Society
UIC EA	Ukraine and Impacted Countries Emergency Appeal

1. INTRODUCTION

1.1 Background

The Ukraine and Impacted Countries Emergency Appeal (UIC EA) was launched in February 2022 in response to the humanitarian consequences of the escalation of the Russia Ukraine international armed conflict. With over CHF 529 million raised, the appeal supported operations across Ukraine and 17 impacted countries[1], making it one of the largest and most complex responses in IFRC's history.

The multi-sectoral response reached millions of people through cash and voucher assistance (CVA), health, shelter, livelihoods, psychosocial support, migration and protection. Community Engagement and Accountability (CEA) was identified early as an urgent priority, critical to the quality, relevance, and acceptance of the response. Many National Societies within the UIC EA had limited experience in structured community engagement approaches. In response, CEA surge capacity was deployed from March 2022 to Poland, Slovakia, Romania, Hungary and at the regional level. This support focused on establishing feedback mechanisms, strengthening information provision, supporting participation, and building National Society capacity through training, systems development, and technical accompaniment.

By mid-2025, the UIC EA had significantly reshaped the CEA landscape in the Europe region, with dedicated CEA roles across levels, thousands of staff and volunteers trained, and feedback mechanisms established in most impacted countries. However, challenges remained, including gaps in feedback analysis, limited community participation, uneven integration of CEA into programmes, and difficulties sustaining systems and capacity as emergency funding declined.

With Emergency Appeals closing in most impacted countries at the end of 2025[2], this evaluation provides a timely opportunity to take stock of achievements, identify key challenges, and capture practical lessons on how to strengthen community engagement in future emergency responses.

1.2 Purpose and scope of the evaluation

This evaluation was commissioned by the IFRC Regional Office for Europe and Central Asia to assess how effectively community engagement approaches were implemented, what difference they made in practice, and what is needed to ensure these are sustained and strengthened in

[1] Belarus Red Cross, Bulgarian Red Cross, Croatian Red Cross, Estonian Red Cross, Georgia Red Cross, Hellenic Red Cross, Hungarian Red Cross, Latvian Red Cross, Lithuanian Red Cross, Red Cross Society of the Republic of Moldova, Red Cross of Montenegro, Red Cross of the Republic of North Macedonia, Polish Red Cross, Romanian Red Cross, Russian Red Cross, Slovak Red Cross, and Turkish Red Crescent Society.
[2] With the exception of Ukraine, Moldova, and Russia.

future operations. It covers the period from the launch of the UIC EA in February 2022 through to mid-2025 and includes all 17 impacted countries.

The evaluation is intended to serve three main purposes:

- **Evidence-based decision-making**: Provide clear, grounded evidence to inform strategic decisions in ongoing and future emergency responses, particularly in complex, urban, and displacement-driven crises.
- **Learning**: Identify transferable lessons and practical examples that can inform more effective and realistic approaches to community engagement across the Movement.
- **Accountability**: Assess to what extent the UIC EA met commitments to accountability to affected people, in line with IFRC and Movement standards and principles.

To achieve this, the evaluation focuses on three interrelated thematic areas:

1. **How community feedback informed programme design and adaptation.**

Exploring how feedback was collected, analysed, shared, and used to adjust programmes, guide decision-making, and shape strategic planning. It will identify where breaks occurred in this chain, why they happened, and how they can be avoided in future operations.

2. **How community participation was understood and implemented.**

Examining the quality and level of community participation, including the main enablers and barriers. It will highlight examples where participation went beyond consultation, offering practical insights into how more meaningful engagement can be achieved even within the constraints of an emergency.

3. **The extent to which CEA was institutionalised and is likely to be sustained.**

Assessing how the UIC EA supported National Societies to institutionalise CEA and whether these gains are likely to be sustained post-operation. It will assess which support and activities were most effective, the barriers faced, and what is needed to embed CEA as a permanent, sustainable part of National Society systems.

1.3 Framing of findings and recommendations

The findings in this report point to a consistent message: when CEA was treated as a core operational responsibility, supported by leadership, integrated into programmes, appropriately resourced, and in line with National Society capacity, it added clear value. Where it was seen as an optional add-on, a compliance requirement, or an emergency-only activity, its influence was limited and gains were difficult to sustain.

This report shares practical recommendations suggested by participants to address specific challenges, alongside a set of strategic changes that set out key organisational shifts needed to strengthen community engagement. This report is accompanied by a shorter summary report.

2. METHODOLOGY

2.1 Evaluation design and approach

The evaluation used a qualitative, multi-method participatory approach to capture learning across the three evaluation themes. In-person and remote methods were used to capture the perspectives and experiences of 126 staff, volunteers, and community members from National Societies, IFRC, and Partner National Societies across multiple countries and levels.

2.2 Data collection methods

Data collection took place between the 15 September and 28 November 2025 and combined document review, participatory workshops, key informant interviews (KIIs), and focus group discussions (FGDs). Participants were drawn from a wide range of sectors beyond CEA, including leadership, operations, sector teams, and cross-cutting functions to ensure diverse perspectives.

Data was collected remotely through KIIs and participatory workshops using Microsoft Teams and Zoom, and through two in-person country visits to the Polish Red Cross (03–07 November 2025) and Bulgaria Red Cross (17–21 November 2025). Country visits included participatory workshops, KIIs, and FGDs with staff, volunteers, and community members at HQ and branch level, with one branch visited per National Society. An evaluation matrix is included in Annex 1.

Document and literature review

A structured document review was conducted at the outset to inform the evaluation design. This included appeal documents, operational reports and case studies, surveys and assessments, and relevant CEA literature. Documents were coded and analysed using Atlas.ti, with additional materials identified during KIIs and field visits incorporated. See Annex 2 for the document list.

Participatory workshops

Participatory workshops used two main methodologies: process mapping to explore how community feedback was managed and used during the response, and force field analysis to examine community participation and the institutionalisation of CEA.

Feedback process mapping

Six feedback process mapping exercises were conducted in person and remotely with National Society (Bulgaria, Poland and Slovakia), IFRC, and Partner National Society staff. Participants mapped how community feedback was collected, analysed, shared, acted on, responded to, and tracked; reflected on strengths and challenges in the process; shared examples of feedback influencing programmes; and co-designed improved feedback processes.

Force field analysis on community participation

Four force field analysis workshops explored enablers and barriers to community participation. Participants prioritised key barriers, analysed their causes and effects, and developed practical recommendations to strengthen participation in future operations. Workshops were held with National Society branch staff (Poland and Bulgaria) and remotely with National Society (Montenegro) and IFRC staff.

Force field analysis on institutionalisation of CEA

Four workshops examined how the response supported the institutionalisation and sustainability of CEA within National Societies. Participants identified key barriers and developed recommendations to strengthen institutionalisation in future emergency operations. Workshops were conducted in person and remotely with National Society (Bulgaria, Poland and Romania) and IFRC staff at country, cluster, and regional levels.

Key informant interviews

KIIs explored overall experiences of CEA within the response, with a focus on community feedback, participation, and institutionalisation, including successes, challenges, and recommendations. A total of 39 KIIs were conducted with IFRC, National Society, and Partner National Society staff across a wide range of roles and levels. The interview guide is in Annex 3.

Focus group discussions with branches and communities

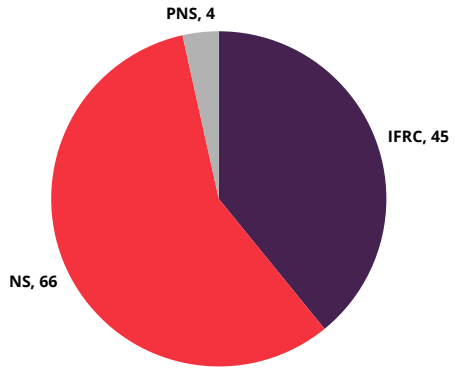
Two community FGDs (one per country) explored experiences of participation of people displaced from Ukraine, feedback, and Red Cross services. Due to time and availability constraints, these FGDs were used to complement organisational perspectives rather than to draw representative conclusions. An additional FGD was conducted with branch staff in Poland.

Sampling and coverage

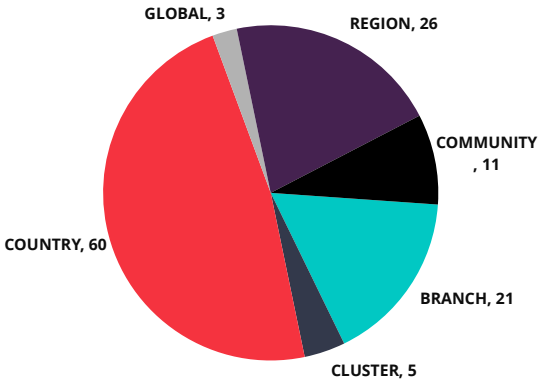
Purposive sampling was used to select participants with direct relevance to the evaluation themes. Twelve of the 17 impacted country National Societies contributed through country visits, remote workshops, or KIIs including Bulgaria, Estonia, Georgia, Greece, Hungary, Latvia, Lithuania, Montenegro, Poland, Romania, Slovakia, and Türkiye. IFRC participants were selected based on their operational roles and engagement with CEA approaches and represented leadership, operations, programmes and cross-cutting and support areas[3]. In total, 115 individual contributions were analysed, with representation across organisations and levels, as per the charts below.

[3] CVA, health, migration, shelter, MHPSS, RFL, livelihoods, CEA including call centre operators, PGI, IM, PMER, HD, NSD, youth, volunteering, and international cooperation.

Participants by organisation



Participants by level



Data analysis

Qualitative data from interviews, workshops, and FGDs was captured and analysed using Microsoft Excel. Data was organised by enablers, barriers, and recommendations across the three evaluation themes, with inductive coding used to identify recurring themes. Examples of feedback action and participation were also coded. Within each thematic area, the distribution of coded responses was used to illustrate which themes were most frequently mentioned. Pivot tables were used to explore variation by organisation type and level where sample sizes allowed.

Individual feedback process maps were produced for each mapping exercise, alongside country-specific findings reports shared with the Polish and Bulgarian Red Cross Societies.

Triangulation and validation

Findings were triangulated across data collection methods, organisations, roles, and levels, and cross-checked against previous evaluations and reports. A workshop to validate findings and recommendations was held with the Evaluation Management Team and key respondents.

Ethical considerations

The evaluation adhered to IFRC ethical standards. Verbal informed consent was obtained from all participants, and all data is presented in anonymised and aggregated form.

Limitations

The evaluation faced several limitations. Data collection occurred as the appeal was ending for most National Societies, affecting staff availability and participants' ability to remember earlier phases of the response. The timing also limited the availability and representativeness of community FGD participants. To mitigate this, community feedback data from earlier phases of the response was reviewed. Limited availability of staff for participatory workshops required greater reliance on KIIs.

3. COMMUNITY FEEDBACK

3.1 Feedback mechanisms with the UIC EA

Community feedback mechanisms were the most visible community engagement approach within the UIC EA, in both secondary and primary data analysed for this evaluation. Operational strategies and country plans consistently committed to establishing feedback mechanisms and feedback indicators were the most common CEA measurement. For many National Societies, the UIC EA marked the first time feedback was collected and analysed in a systematic way.

During feedback mapping exercises and KIIs, collection remained the most discussed stage. However, participants also spoke extensively about how feedback was shared and acted on, areas that are often weaker in the feedback process. In contrast, gaps were most apparent in how feedback was stored, analysed, responded to, and systematically tracked. This finding mirrors the response literature, which highlighted a strong emphasis on feedback collection, particularly via call centres, over analysis and follow-up. These gaps are discussed in Section 3.4.

Feedback collection

A wide range of feedback channels were used across the response, with call centres emerging as the primary mechanism. Eleven of the seventeen impacted countries operated call centres[4], ranging from large, professionally staffed centres with call management systems to smaller volunteer-run set-ups using mobile phones. Call centres handled high volumes of feedback, particularly during CVA disbursements, and accounted for approximately three quarters of all feedback recorded in the regional dashboard up to the end of 2024. Based on data from the regional feedback dashboard, most feedback related to CVA, largely case management issues such as eligibility, application status, and payment delays. As the response progressed, call centres increasingly functioned as information hubs, referring callers to services and other organisations, and in some cases were later repurposed for other programmes such as psychosocial support (PSS).

Several National Societies also operated separate integrity or safeguarding lines to manage sensitive feedback related to fraud, corruption, and safeguarding.

Surveys [5] were another major feedback source and included needs assessments, post-distribution monitoring (PDM), satisfaction and perception surveys, and short feedback surveys using QR codes. Digital tools such as KoBo and AccessRC enabled surveys to be deployed at scale, generating large volumes of data. CEA-related questions were commonly integrated into PDMs,

[4] https://go.ifrc.org/emergencies/5854/additional-info/federation-wide

[5] For the purpose of this evaluation community feedback has been interpreted in its broadest sense to mean any data gathered from communities as part of the response.

and several more in-depth perception surveys were conducted in partnership with technical teams and external actors, including longitudinal perception surveys.

Feedback was also gathered through face-to-face interactions during programme delivery, at Humanitarian Service Points, community centres, and branches, as well as through FGDs conducted for assessment, planning, and monitoring purposes.

Social media and messaging platforms such as Telegram, Facebook, Viber, and WhatsApp were widely used to share information and monitor questions and concerns. A dedicated website was set up to provide detailed guidance on eligibility, requirements and how to register for financial assistance across nine countries[6]. Netherlands Red Cross (NLRC) 510 team supported with social media listening (SML) across six countries.

Additional channels included email, suggestion boxes, chatbots, SMS, and secondary data from government and interagency sources.

Logging and storage

The UIC EA saw a significant expansion in the use of Customer Relationship Management (CRM) systems, notably EspoCRM, as well as other platforms such as Zendesk and locally developed systems. These systems replaced paper-based and Excel logbooks in many contexts and enabled real-time case management, categorisation, referral, and reporting. In some cases, survey and face-to-face feedback data were also logged in CRM systems, including sensitive feedback, which could be tagged and managed separately.

Despite these advances, Excel spreadsheets, shared files, and paper forms continued to be used in parallel, particularly at branch level and earlier in the response. This meant that not all feedback data was consistently consolidated across systems.

Analysis

Analysis of feedback data was conducted at varying levels of frequency and sophistication. Call centre data was commonly analysed within CRM systems on a daily, weekly, or monthly basis. In countries using EspoCRM, data could be linked to Power BI dashboards for further analysis and visualisation. Several National Societies shared data with the regional Power BI feedback dashboard, providing an overview of feedback trends by country, channel, sector, and topic.

In other cases, survey analysis was conducted individually by programme, CEA or IM staff using Excel or Power BI. Some National Societies also reported analysing feedback collectively through discussions in meetings. Additional digital sources, such as app store data and website analytics, were used by CVA to identify user challenges.

[6] https://ukrainefinancialassistance.ifrc.org/

Sharing and discussion

Feedback was primarily shared and discussed internally through meetings. These included operation meetings at country, cluster and regional level, sector team meetings, coordination meetings between branches and HQ, and CEA team and call centre operator meetings. Feedback was also shared through the regional feedback presentations and National Society and IFRC feedback reports, survey findings, social media listening, and programme and branch reports.

In addition, feedback was often shared informally between branches and HQ via calls, messaging apps, and emails. Some National Societies reported sharing feedback trends in interagency coordination forums and with donors.

Action

While UIC EA secondary data includes relatively few documented examples of feedback informing programme decisions, participants interviewed for the evaluation shared a wide range of concrete examples of feedback being used in practice. These examples are shared in Section 3.3.

Response to feedback providers

Feedback was most commonly responded to at the point of collection, where staff or volunteers answered questions or resolved issues immediately. In some cases, call centre staff followed up by phone or email, though this was not always systematic. Feedback was also occasionally responded to through updates shared via AccessRC or messaging groups. Less commonly, National Societies reported providing updates to branch teams or communities on how feedback from surveys and FGDs had been used. Wider public responses to general feedback, such as updates via social media on how feedback was used, were rare in both the primary and secondary data.

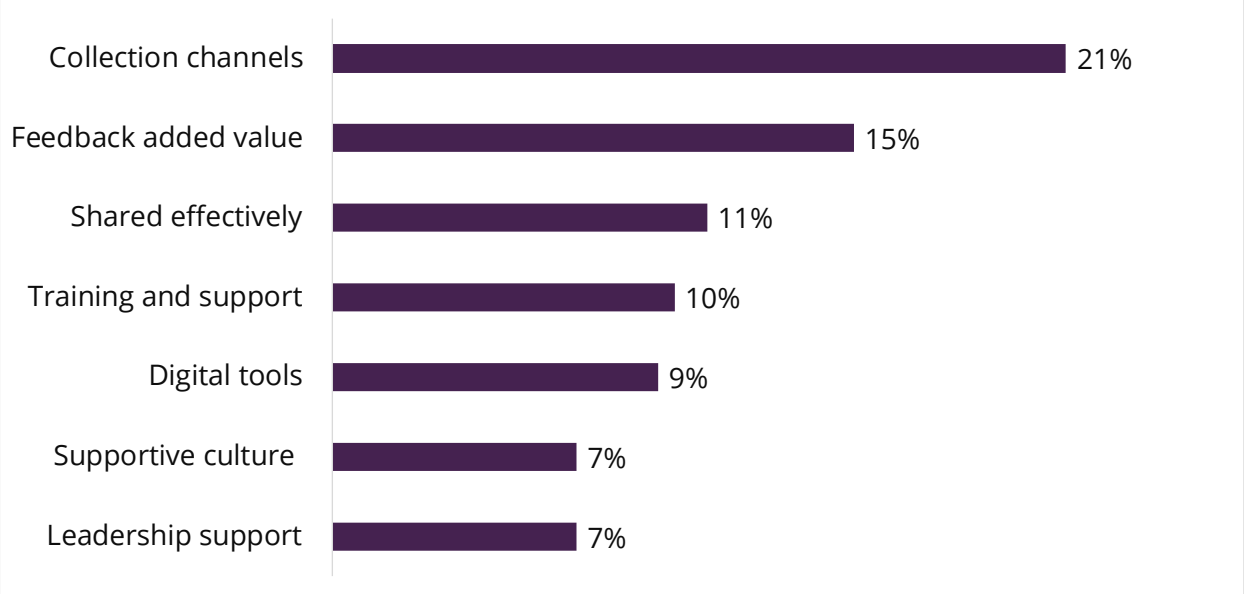
Tracking action and response

Tracking of action and response varied across contexts. Some National Societies used CRM systems to track whether feedback cases had been addressed and responded to. Progress was also monitored through discussions in meetings, informal follow-up by operations managers, and continued monitoring of feedback trends to identify unresolved or recurring issues.

3.2 Community feedback – what worked well?

During feedback process mapping exercises and KIIs, participants reflected on what worked well with community feedback and which stages of the feedback process were most effective. Overall, feedback collection, sharing, and action were consistently rated as the strongest elements. In total, 219 examples of what worked well were identified, with the most frequently cited successful aspects shown in the graph below.

Community feedback - what worked well (most frequently mentioned themes)[7]



1. Feedback channels (21% of coded responses)

Just over a fifth of responses highlighted the feedback channels themselves as a key success, with many participants emphasising the value of offering multiple channels to increase accessibility and choice. This mix of channels was also evident in the UIC EA plans and reporting.

Telephone helplines were consistently described as particularly effective in secondary and primary data, as they could manage high call volumes in multiple languages and resolve or refer issues in real time. One respondent described them as a *"game changer"*. Although initially established to support CVA, helplines quickly expanded to cover multiple programmes and became an important entry point for identifying broader needs, as people often used them as a general source of information and support. As one respondent explained, helplines felt *"more natural"* than surveys, allowing people to raise what mattered most to them rather than responding to predefined questions. Branch staff also reported using helplines to respond to in-

[7] All qualitative responses relating to what worked well with community feedback were coded by theme. Percentages indicate how often each theme was mentioned within this subset of responses. For clarity, only themes accounting for more than 5% of mentions are shown.

person questions from community members. Many National Societies are exploring how to sustain helplines beyond the end of the UIC EA, reflecting their perceived value. Polish Red Cross, for example, reported its helpline was used effectively during a flood response in 2024.

Digital channels, including AccessRC and messaging apps such as Telegram, Viber and WhatsApp, were also seen as effective due to their reach and speed. Surveys distributed through AccessRC generated thousands of responses, enabling rapid collection of quantitative data. Messaging apps supported *"two-way conversations with an interested, targeted audience"* and provided unfiltered insight into the issues affecting displaced people from Ukraine. As one respondent noted, *"Information moved very quickly through these forums; being part of them was very useful and interesting. We should invest heavily again in this in future responses."*

For branch-level staff, informal face-to-face feedback gathered during activities remained important for identifying needs and building trust, even when it sat outside more centralised mechanisms. While helplines were more heavily used earlier in the response, community members consulted during this evaluation reported a preference for raising issues directly with branch staff they knew, reflecting the personal relationships that developed over time.

2. Value of feedback to the response (15% of coded responses)

Participants frequently reflected on how community feedback improved the effectiveness, relevance, and accountability of the response.

At an operational level, feedback provided early situational awareness and helped programmes understand evolving needs, preferences, and risks before needs assessments were available. As one respondent explained, *"It was great at the beginning of the programme because it gave us a sense of what was happening and what to look out for. I've never had such good feedback in an operation."*

As the response evolved, feedback highlighted needs beyond cash assistance, including protection risks, emotional stress, language barriers, and unmet medical needs. Perception surveys were seen as particularly valuable for understanding motivations and fears, rather than only immediate needs. Feedback informed programme adjustments, new activities, and helped teams respond more quickly to individual concerns. As one respondent noted, *"In protracted crises, CEA becomes even more important because the needs and risks shift so quickly."*

Community feedback was also used to support IFRC dialogue with donors and Governments, providing evidence of unmet needs and highlighting the risks of proposed policy changes. As one National Society explained, *"There was a reputational benefit for us in bringing feedback to the table in interagency meetings, and it benefited other agencies too."*

For many, feedback mechanisms also acted as a practical entry point for broader CEA, by tangibly demonstrating how listening to communities improves quality.

3. Sharing feedback (11% of coded responses)

Sharing feedback was widely seen as one of the stronger stages of the feedback process. Regional feedback sessions and reports produced by the CEA team were frequently cited as particularly useful, both in previous reviews and during interviews, as they consolidated multiple data sources and highlighted trends across countries. As one IFRC staff member explained, *"The monthly feedback presentations were very valuable. They helped identify trends which could be used for planning in other countries."*

Meetings were viewed as an effective way to share and discuss feedback by providing a *"shared window"* for CEA, operations, and programme staff to agree priorities and next steps. Several respondents linked effective sharing directly to the presence of dedicated CEA staff at regional, cluster, country, and National Society levels.

4. Training and support (10% of coded responses)

National Societies consistently emphasised the importance of technical support and training from IFRC and partners in establishing helplines, adopting systematic processes, and managing sensitive feedback safely. This focus on the whole feedback cycle, rather than just collection, was also evident in the secondary data. Rolling out training to branches helped build broader understanding and buy-in for feedback processes. Collaboration between IFRC and partner National Society CEA and PGI teams was credited with strengthening safeguarding and complaints handling.

5. Digital tools (9% of coded responses)

Digital tools, including EspoCRM and AccessRC were widely viewed as improving the visibility, consistency, and useability of feedback in both secondary and primary data. EspoCRM was particularly well regarded for its user-friendly design and ability to consolidate data from multiple channels, making feedback visible across teams. As one respondent explained, *"Good record-keeping via EspoCRM provided a solid foundation for acting on feedback."* CEA in CVA case studies from Bulgaria, Montenegro and Slovakia document how tools such as EspoCRM also helped track how feedback was being actioned and responded to.

6. Culture (7% of coded responses)

Several National Societies highlighted the role of organisational culture in supporting effective feedback management. Good internal communication, coordination, and a sense of collective responsibility created an environment where feedback was discussed openly and acted on collaboratively. In Bulgaria and Poland, staff described acting on feedback as an expected part of their role, *"This step is our job".* Community members participating in FGDs in both countries confirmed they knew how to provide feedback and felt their views were listened to.

7. Leadership support (7% of coded responses)

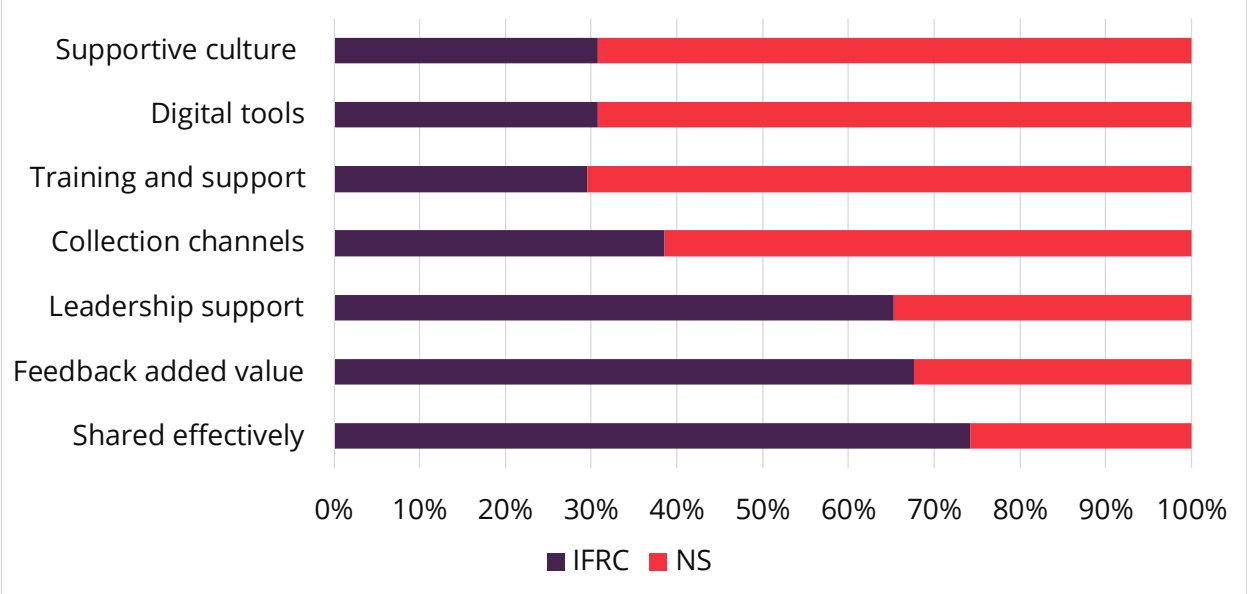
Leadership support influenced feedback use in two key ways. First, leaders who regularly asked about feedback and championed regional feedback sessions helped raise its importance. As one respondent explained, *"Having the regional operations manager push for the feedback presentations was important – it would have been difficult for CEA to force this otherwise."*

Second, leadership support enabled practical action, including approving programme changes, reallocating budgets, securing additional funding, and advocating for changes at higher levels. Several respondents noted that leadership support for feedback often depended on prior exposure to CEA and an understanding of its value.

Community feedback what worked well – by organisation

Analysis comparing IFRC and National Society perspectives shows differing emphases. National Society staff focused more on frontline enablers, including staff capacity, tools, and accessible channels. IFRC staff placed greater emphasis on how feedback was shared, supported, and used to add value at operational level. For CEA staff, digital tools were the most frequently cited success factor in relation to feedback (26% of mentions).

Distribution of what worked well by organisational type (IFRC / NS)



Case Study: Good Teamwork Leads to Feedback Action in Bulgaria

The Bulgaria Red Cross (BRC) Plovdiv Regional Branch's clear and structured approach to managing community feedback, demonstrates how good communication, teamwork, and leadership, can help ensure feedback leads to action. The branch manages BRC's national helpline, the Greenline, which was initially set up to provide information and support to people displaced from Ukraine in Bulgaria, including on cash and voucher assistance (CVA) programmes. Today, the Greenline is a free helpline available to anyone in Bulgaria. It provides information about BRC services and programmes and connects callers with trained psychologists who offer psychological first aid (PFA).

Each week a branch working group comprising project staff, the regional director, and volunteers, meet to discuss all the community feedback received, make sense of it together, and decide what action to take. As Antoaneta Saraliyska, CEA focal point for the Plovdiv Branch, explains, *"Analysing the feedback as a team allows us to make shared decisions on what to priortise and how to respond – it's not all on one person's shoulders. Good analysis makes it easier to take good actions."* Strong leadership within the Plovdiv branch also helps to ensure good teamworking and enables the flexibility needed to address issues raised through feedback. As Toni explains, *"We have a good regional director who provides clear leadership and manages resources in a way that lets us act on feedback."*

Once the Plovdiv Branch have analysed the feedback, issues that need to be addressed at the national level are shared with BRC HQ in Sofia. The branch also shares feedback with other organisations through local interagency coordination meetings. Fast and informal channels, including WhatsApp, email and phone calls, help to ensure these issues can be shared and resolved easily and quickly. As Toni reflects, "*The first 9 months were difficult, but the process became more streamlined as we went, and we got much better at managing feedback.*"

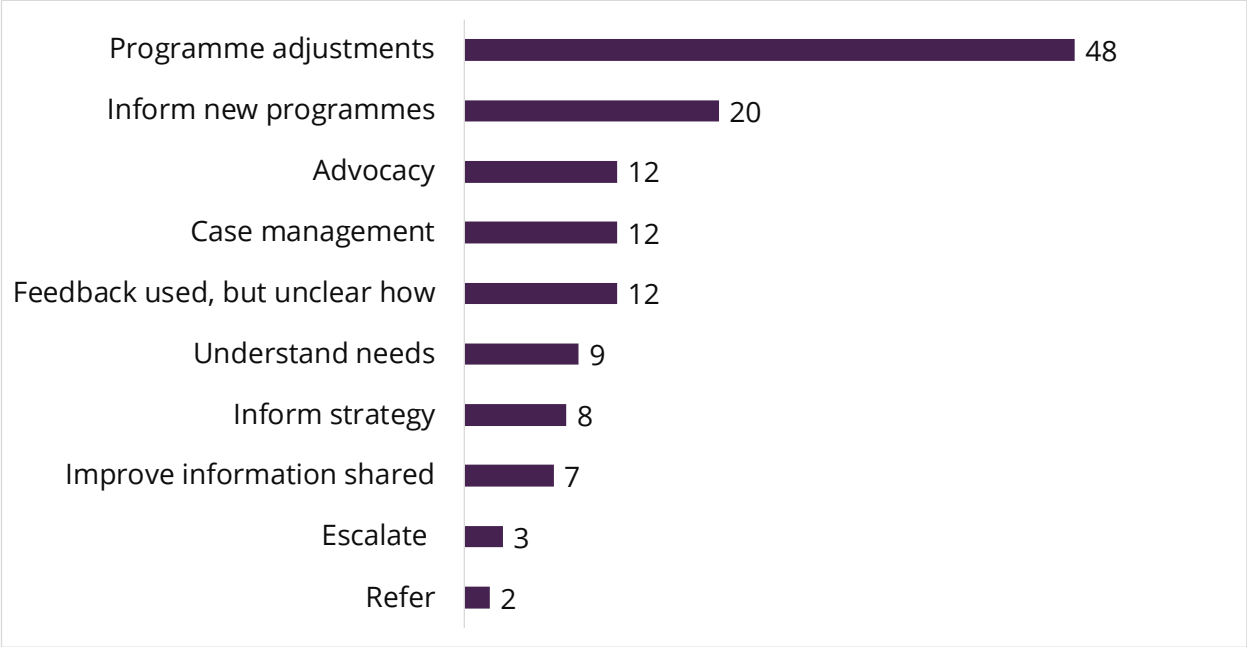
At HQ level BRC staff and the IFRC Operations Manager also play a key role in helping to find solutions to address feedback, including identifying flexibility within the appeal budget to respond to new issues and needs. Desislava Ilieva, BRC Mental Health and Psychosocial Support Coordinator, explains, *"The roles and responsibilities within the feedback process are very clear. This is important and helps the system to work well. Everyone has an important role to play."*

3.3 Community feedback – how was feedback acted on?

The extent to which community feedback was acted on within the UIC EA is notable. While there were limited examples of feedback influencing decisions in the secondary data, during feedback process mapping and KIIs, 121 changes to address feedback were shared. These examples also indicate much broader and more strategic use of feedback than in the literature, which suggested feedback use was mainly limited to case management and improving information provision. These examples demonstrate that staff and volunteers, from branch to regional level, made sustained efforts to adjust and improve support in response to issues raised through feedback, surveys and assessments.

As shown in the graph below, feedback was most commonly used to adjust ongoing programmes, but there were also strong examples of feedback informing new services, advocacy, strategy, and information provision.

Examples of feedback use within the UIC EA by theme



Programme adjustments

The most common use of feedback was to improve the relevance, accessibility and effectiveness of existing programmes. This included changes to what support was provided, how it was delivered, when activities took place, and who was eligible.

Several National Societies adjusted assistance to better reflect community preferences. For example, Bulgaria Red Cross modified food parcels to reflect Ukrainian grain preferences and adjusted hygiene kits to include more washing powder after feedback indicated this was the most

useful item. Lithuania Red Cross redesigned its MHPSS programme based on community feedback, shifting from generic activities to more targeted parenting, youth and women's groups.

Feedback also led to practical delivery adaptations. Romania Red Cross introduced mobile CVA units after feedback showed that people outside the capital struggled to access cash, while Bulgaria Red Cross delivered CVA codes in person for recipients without smartphones. Across several countries, changes were made to the scheduling, content and format of language classes in response to participant feedback, including adding children's activities so mothers could focus fully on the class.

In some cases, feedback prompted adjustments to timelines and operational decisions. Bulgaria Red Cross added afternoon distributions and weekend information sessions to increase accessibility. IFRC expedited winterisation shipments when community data and other sources suggested border disruptions could affect their ability to transport goods to certain countries.

As reported in CEA and CVA case studies, Hungary and Bulgaria Red Cross both adapted targeting and eligibility when FGDs highlighted people in vulnerable situations had been missed.

Informing new programmes and services

Feedback was also used to identify gaps in the response and inform the design of new programmes. One of the most significant response-wide shifts informed by feedback and monitoring was the move from multipurpose cash towards more sector-specific cash assistance as needs became more complex, including cash for health, protection, shelter and education. At country level, Lithuania, Slovakia, Bulgaria, Georgia and Poland all used community feedback to inform new sector-specific cash programmes. Feedback also contributed to expanding CVA support to host communities when data showed rising tension related to unequal assistance.

Several National Societies introduced new services directly in response to community requests. Bulgaria Red Cross introduced soup kitchens alongside food parcels, Romania Red Cross established community concept stores that allowed people to choose items, and Polish Red Cross created an internal grants mechanism enabling branches to address needs identified in FGDs.

Case management and system improvements

A large proportion of feedback related to individual case management issues, particularly linked to CVA registration and access. While often resolved at case level, this feedback was also used to identify and address system issues, such as exclusion errors or technical problems with inclusion messaging, leading to broader improvements in processes and tools.

Advocacy and policy dialogue

Community feedback was also used to strengthen advocacy with donors, Governments and partners. Humanitarian Diplomacy teams incorporated feedback into quarterly Impact Forecasts

to advocate on emerging risks, unmet needs and the implications of changes to temporary protection policies. At country level, Slovakia Red Cross used feedback to advocate for expanded eligibility for livelihoods support, while Bulgaria Red Cross successfully used perception survey data to advocate for services to be extended to non-Ukrainian refugees.

Understanding needs, risks and context

Respondents described feedback as an effective early warning tool for identifying emerging risks, misinformation and social tensions. As one respondent explained, *"problems raised through feedback in one country could become an issue in other countries, so giving us time to prepare*".

Informing strategy and planning

Several respondents described feedback being used at a more strategic level. Lithuania Red Cross explained how regular interaction with communities highlighted that older people were particularly at risk, leading to a stronger operational focus on integration and livelihoods. At regional level, community data was used to develop user profiles that helped shape planning discussions and inform the 'gaps in the response' section in the operational strategy. Beyond the appeal, the regional Integration and Inclusion Framework was informed by trends in community feedback that highlighted the shifting needs of displaced people and migrants.

Improving information shared with communities

Feedback was also used to adapt communication and information provision. Common questions and challenges informed updates to helpline FAQs, the introduction of tutorials and screenshots on AccessRC registration, and the addition of an application status tracker after helplines identified this as a key reason for calls. Case studies on CEA in CVA from Bulgaria, Montenegro, Slovakia documented how National Societies responded to a lack of clarity over how to register for support by sharing clearer information on enrolment, coupled with the video tutorials.

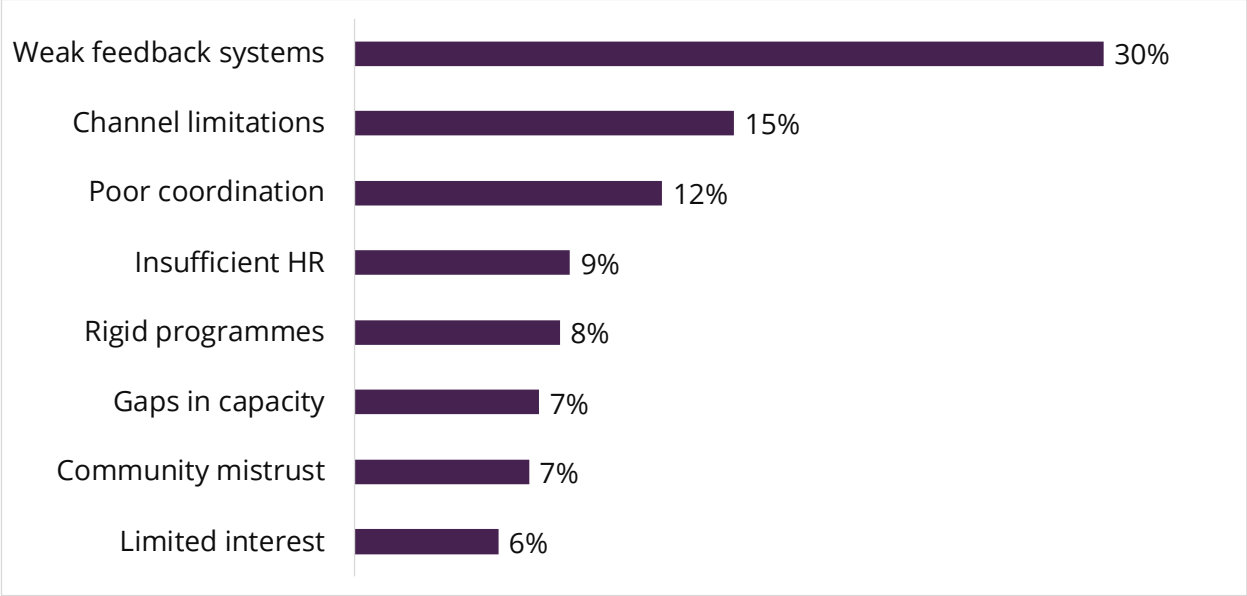
In a particularly strong example, feedback from FGDs and KIIs showing reluctance to engage with activities labelled as 'mental health' led to the reframing of MHPSS activities across 28 National Societies, significantly increasing participation.

A full list of specific examples of how feedback was acted on is included in Annex 4.

3.4 Community feedback challenges

Participants also shared key challenges experienced in managing community feedback and ensuring it led to action. Overall, storing, analysing, responding to, and tracking feedback were identified as the most difficult stages in the feedback process. In total, 243 feedback challenges were shared. The graph below shows the challenges most commonly cited by participants.

Community feedback - challenges (most frequently mentioned themes)



1. Weak feedback systems (30% of coded responses)

By far the most frequently mentioned challenge was the absence of robust, centralised systems to store, analyse, and track feedback data. This undermined the full potential of feedback mechanisms and led to weaknesses in how feedback was analysed, acted on, and responded to. This is a persistent challenge first raised in a CEA in CVA report in 2022, which found, *"More consistent data gathering, storage, analysis and use of complaints, feedback and questions at both the country and regional level is needed to get actionable information to decision makers and close the feedback loop."* The same issue was highlighted in a recent 2025 Disasters Emergency Committee (DEC) and British Red Cross Evaluation of the Ukraine Humanitarian Appeal.

Issues included feedback from helplines, surveys, and face-to-face interactions being stored and analysed separately, leading to duplication and the risk of missing broader trends. The lack of tracking systems also meant there was no consistent way to check if issues had been responded to or resolved, *"Feedback was discussed, but not followed up due to heavy workloads and lack of a tracking system. Action was often based more on memory than any formal process."*

Weak systems also affected the quality and timeliness of analysis, with reports taking too long to produce and often remaining too high-level to inform concrete action. Most National Societies

also struggled to *"close the loop"* with communities by explaining how feedback had been used, which risks undermining trust, *"Collecting feedback is easy, but responding to it is much harder."*

At the regional level, the lack of a standardised approach to feedback data management meant National Societies often relied on systems introduced through surge support, some of which were costly or poorly adapted to long-term needs.

2. Channel limitations (15% of coded responses)

Despite being widely viewed as effective, feedback channels also presented practical and strategic challenges. Helplines, in particular, took time to establish and were resource-intensive to operate. This challenge was also highlighted during the 2024 CVA Lessons Learned Workshop.

As helplines were primarily established to support CVA, they often became case-management focused, and their broader value as a feedback mechanism was missed. "*They closed the loop with individuals but did not seem to inform longer-term strategies or plans"* one respondent explained. Declining funds also made it difficult to sustain helplines.

High-reach digital channels such as Telegram, Viber and WhatsApp generated very large volumes of feedback that were difficult to monitor and respond to. While 510's SML support helped identify trends, many respondents felt outputs were too general to inform concrete programme adjustments. Heavy reliance on digital channels also risked excluding older people and other people in vulnerable situations without access to smartphones. As one respondent observed, *"These channels were tangible and good to showcase, but it's unclear if they addressed the most critical issues."*

3. Poor coordination (12% of coded responses)

Weak coordination between sectors and levels further limited how feedback was shared, managed and used.

Respondents highlighted unclear roles and responsibilities between CEA, PMER and IM, leading to parallel processes for needs assessments, feedback, and PDMs, causing duplication and inefficiencies. As one participant explained, *"Large amounts of data existed, but it was all in silos. There was no coordination across countries to agree the core things that everyone should gather."*

CEA staff also reported that feedback was not always seen as a shared responsibility by programmes and operations, which potentially limited the relevance of recommendations as they were not developed collaboratively. As one operations manager noted, *"Feedback recommendations were not always meaningful because there was a lack of understanding of what was important for operations."*

Weak internal coordination and working in silos was also identified as a barrier to acting on community input in multiple previous evaluations, including the CEA in CVA Report in 2022, the 2024 Mid-Term Review (MTR), the 2024 CEA Surge Review, and the 2025 ECHO-PPP evaluation.

4. Insufficient human resources (9% of coded responses)

Respondents explained that analysing qualitative data is time-intensive, and early gaps in CEA IM capacity slowed analysis and visualisation of trends. When CEA positions were reduced, feedback reporting and sharing also declined, *"The monthly feedback reports stopped when there was no dedicated CEA capacity to produce them."* This challenge was also identified in the 2025 DEC and British Red Cross Evaluation and 2024 CVA Lessons Learned workshop, which noted feedback mechanisms risked overburdening CVA staff if there is no dedicated CEA support.

For National Societies, the lack of key roles has limited their progress towards more structured feedback mechanisms, *"It's hard to develop a unified system as we don't have a CEA or IM person to coordinate anymore, so it's not on anyone's priority list."*

5. Rigid programmes (8% of coded responses)

Limited flexibility in funding, timelines and programme design frequently prevented feedback from being acted on, even when acknowledged as valid. Respondents described programmes as *"set in stone"*, with limited scope to adapt eligibility criteria, activities or budgets. Several reflected that compliance was often seen as more important than community-driven adjustments.

Time pressure, particularly in the early phase, further reduced willingness to adapt. As one participant explained, *"There was enormous pressure to deliver quickly, and we often stuck to the status quo rather than act on feedback".* By late 2023, many programmes were perceived as locked-in, despite ongoing unmet needs.

6. Gaps in capacity (7% of coded responses)

Capacity gaps affected both feedback collection and analysis. These included limited training for branches and volunteers, digital literacy constraints, uncertainty around data protection and GDPR, and low confidence in managing sensitive complaints. Respondents also highlighted weak capacity to analyse qualitative data. As one participant noted, *"We were blocked because we don't have the data - but also because we don't know what to do with it."* These issues were also raised in the IFRC CEA Strategy and the 2024 MTR, which noted, *"IFRC and HNS teams did not fully understand how CEA data can support well-informed and effective decision-making."*

7. Community mistrust (7% of coded responses)

Challenges also emerged around community awareness and trust in feedback mechanisms. CVA PDM results show 41% of respondents did not know how to ask questions or make complaints. Issues raised in both primary and secondary data included language barriers, inappropriate channels for minority groups, elderly, children or people with disabilities, long delays in responding to people, and frustration when feedback did not lead to visible action. The 2025 DEC and British Red Cross evaluation found that only 7% of people interviewed had provided feedback, and only 52% of them were satisfied with how it was managed.

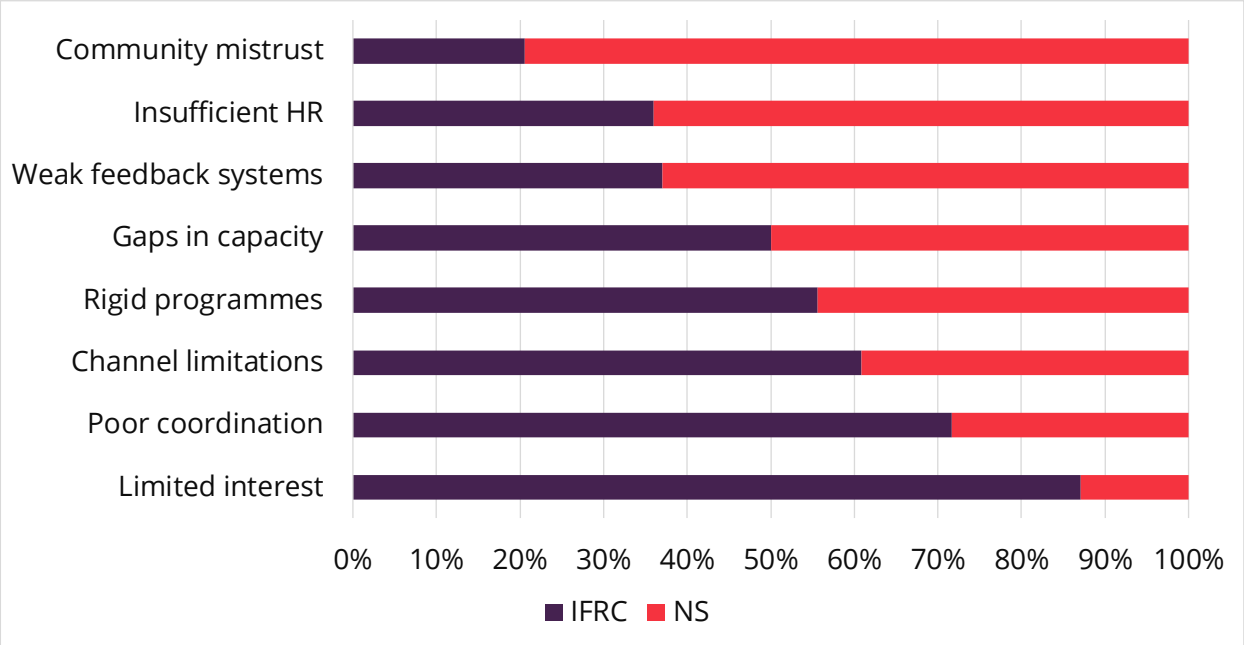
8. Limited interest (6% of coded responses)

Finally, respondents noted that sometimes feedback was not acted on due to limited interest or prioritisation by staff or leadership. Examples included low participation in feedback sessions (also raised in the MTR) or dismissing negative feedback when it conflicted with preferred plans. As one respondent explained, *"If the willingness is not there, it doesn't matter what systems you have."*

Community feedback challenges – by organisation

Weak feedback systems were the most frequently cited challenge across all organisation types and levels. Both IFRC and National Societies reported similar challenges related to channel limitations and capacity gaps. However, National Societies placed greater emphasis on the operational burden of managing high volumes of feedback with limited staff and systems, and the resulting strain on community trust. IFRC respondents more often highlighted structural and coordination issues, including ownership and prioritisation, that limited the use of feedback within the operation.

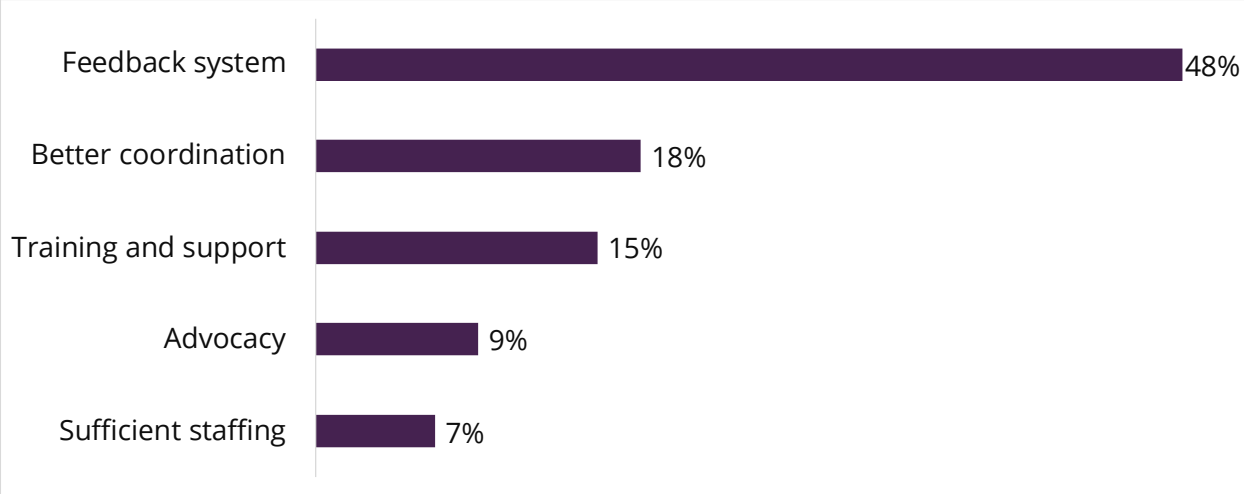
Distribution of feedback challenges by organisational type (IFRC / NS)



3.5 Community feedback recommendations

Participants were asked to share recommendations on how community feedback could be better managed and used in future operations. Overall, recommendations aligned closely with the challenges described in the previous section. In total, 163 recommendations to strengthen community feedback were shared.

Community feedback - recommendations (most frequently mentioned themes)



1. Strengthen feedback systems (48% of coded responses)

Almost half of all recommendations called for a more systematic approach to managing and tracking feedback data, and harnessing technology to make these processes simpler, more consistent, and less human resource intensive. This recommendation was also shared in previous evaluations, including the 2022 CEA in CVA Report, the 2024 MTR and 2025 DEC and British Red Cross Ukraine Evaluation.

Key recommendations included:

- **Adopt a unified data management system**: Identify the most cost-effective, user-friendly system to log, track and analyse feedback from multiple sources and levels (helplines, surveys and face-to-face). The system should be able to easily track action, be sustainable and adaptable, and reduce staff workload.
- **IFRC support on CRMs**: Given the potential of CRMs to improve feedback management and reduce workload, IFRC IT, Digital Transformation and CEA teams should identify how best to support National Societies on CRMs.
- **Clarify internal roles and responsibilities**: National Societies should develop clear internal SOPs setting out who is responsible for collection, analysis, sharing, action and response, including how sensitive cases are managed.

- **Bring branches on board without losing them**: Several National Societies cautioned that more structured systems should not undermine informal, relationship-based feedback approaches that are working well at branch level. Over-complicating processes risks discouraging staff and volunteers from collecting feedback and seeing it as compliance-driven rather than inherently useful.
- **Position helplines as a National Society-wide resource**: Helplines should be a shared service supporting multiple programmes, rather than being linked to one programme or one operation. Respondents felt spreading costs across programme budgets could make this more realistic. This was also recommended in the 2022 CEA in CVA Report.
- **Rationalise telephone lines where possible**: If National Societies run multiple lines, consolidation could improve efficiency, but only with strong SOPs for integrity line issues.
- **Clarify the purpose of social media listening**: Social media listening was seen to have potential value, but participants emphasised the need for greater clarity on what it is intended to achieve, what it can provide that other sources cannot, and how insights are expected to inform operational decisions.
- **Pre-position and agree tools before emergencies**: Agreeing, designing and institutionalising tools during peacetime would enable faster set-up and more effective response in future crises.
- **Simplify analysis and explore AI support**: Recommendations included simplifying analysis and continuing to explore whether AI could support faster coding and synthesis.

"Improving storage and analysis would likely improve the quality of actions."

"A shared system for analysis would mean [NS] has access to past feedback when preparing proposals – given there is not usually time to consult communities."

2. Better coordination (18% of coded responses)

Just under a fifth of recommendations called for better coordination and clearer roles and responsibilities around managing community feedback. These included:

- **Strengthen collaboration between CEA, operations and programmes**: Respondents emphasised the need for more joint planning on what feedback data is actually useful, and co-development of recommendations so these are feasible within funding, timeline and programme constraints. This was also recommended in the 2022 CEA in CVA Report and the 2024 Mid-Term Review.
- **Formalise feedback sharing across teams and levels**: Participants recommended setting clear expectations that operations managers and sector leads need to share and discuss feedback findings with their teams and National Society counterparts. For example, by making feedback a standing agenda item in meetings. Several also

highlighted the need for National Society HQ to improve sharing with branches, including providing survey/FGD findings so branch teams can inform those who participated.

- **Community data as one evidence base**: Many respondents felt assessment, monitoring and feedback systems should be better integrated and viewed as a single evidence base. This would help clarify roles between CEA, IM, PMER, programmes and digital transformation teams, and reduce duplication.

"Feedback reports recommendations need to be more actionable and practical – we didn't always understand what we were meant to do with it"

3. More training and support (15% of coded responses)

Respondents felt additional practical support, especially pre-crisis, would help strengthen feedback management and use. Recommendations included:

- **Short, task-based trainings in early response phases:** Participants stressed feedback training needs to be simple, practical, and linked to daily activities, rather than a full CEA package. Suggestions included short briefings before distributions on why feedback matters and how to answer common questions.
- **Train programme and branch teams, not only CEA:** Training and briefings should extend beyond CEA staff to operations, programmes, and branches, to strengthen ownership and avoid feedback being seen as an "extra burden" managed only by CEA.
- **Build systems and buy-in before crises:** Many respondents stressed that institutionalising feedback approaches, including securing buy-in, is critical so systems are not built from scratch in every emergency.

"During the migration response I was feeling overwhelmed with the idea of a feedback mechanism and the IFRC delegate asked me what I was most comfortable with and I said logbooks, and she said, ok we start with that. This gave the initiative to the National Society to lead."

"We need a balance between tools that are great methodologically versus something quick and useable. We need to reduce the pressure to be perfect."

4. Advocacy (9% of coded responses)

Recommendations also emphasised the role of leadership and donors in supporting feedback, and the importance of using feedback data within advocacy efforts:

- **Leadership to champion feedback**: Respondents highlighted the role of operations managers in promoting feedback internally, but also noted that senior leadership (e.g., Heads of Delegation, Regional leadership) has a role to play in convincing operations managers and secretary generals.

- **Use feedback to elevate community needs**: Several recommended that IFRC should use community feedback more consistently to advocate for policy changes and bring community priorities to decision-makers.

"We can't fix everything so it's about how we use community data to push for changes to fix the things we can't – or prevent potential future problems from even happening."

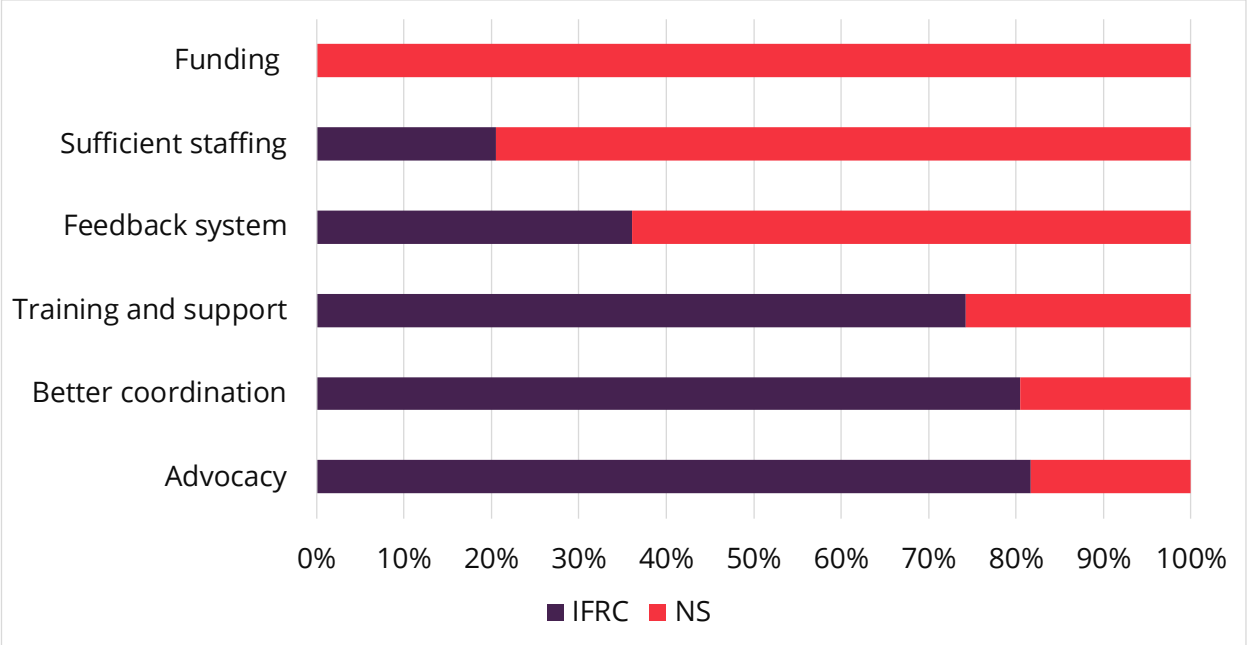
5. Sufficient staffing (7% of coded responses)

There was a strong view that feedback systems will not function well without dedicated capacity, especially for analysis. Several highlighted the need for a full-time role to consolidate data from multiple sources and translate it into visual, practical products that programme and operations teams can use. This reinforces an earlier recommendation from the 2023 Internal Operational Review which found more CEA operational capacity on the ground would have helped the response better understand the needs of different groups, and adopt a data-driven approach from the outset.

Community feedback recommendations – by organisation

Strengthened feedback systems was the most common recommendation across organisation type and level. However, National Societies tended to emphasise practical resourcing needs (funding, staffing and simple systems), while IFRC placed greater emphasis on improving coordination, clarifying roles, and enhancing training.

Distribution of feedback recommendations by organisational type (IFRC / NS)



3.6 Sustainability of community feedback mechanisms

Many National Societies highlighted challenges in sustaining feedback mechanisms, particularly the staffing and resources required to maintain helplines once funding reduced. However, many also expressed a strong desire to protect feedback capacity given *"the time and effort already invested and reputational risks of not having this anymore."* Sustaining feedback mechanisms was also seen as an important element of preparedness, with one respondent asking, *"How do we keep vital platforms and capacity so it's ready to go in the next response?"*

Participants shared the following suggestions to support more sustainable feedback mechanisms in future operations:

- **Match mechanisms to National Society capacity and resources**. Feedback mechanisms should be designed so they can be maintained or scaled down once the appeal ends. As one respondent noted, *"Do we want a strong but costly system or a basic, sustainable one?"* Several emphasised that sustainability depends as much on staffing as on technology: *"Systems are only sustainable if matched with staff capacity."* National Societies shared examples of reducing helpline operating hours, training volunteers as call centre operators, or shifting from helplines to lower-cost channels such as email.
- **Plan sustainability and costs from the outset**. Respondents stressed the importance of identifying and communicating the long-term costs of feedback mechanisms early in the response, so National Society leadership can plan and fundraise for continuation beyond the appeal period.
- **Train permanent staff, not only surge or response staff**. Spreading skills across long-term staff was seen as critical to retaining institutional knowledge.
- **Integrate feedback into wider National Society work early**. Feedback mechanisms that were used beyond the UIC EA were viewed as more likely to be sustained. Several respondents suggested helplines could be cost-shared across programme budgets if positioned as a National Society-wide resource. Integrating feedback mechanisms into annual Unified Plans could also help these to be seen as National Society-wide tools, rather than something just for emergencies.
- **Clarify long-term system support and ownership**. During the UIC EA, many National Societies were supported to use EspoCRM. However, uncertainty over hosting, ownership, and long-term support created challenges in continuing this support. Respondents emphasised future responses need to address sustainability, hosting, and ownership arrangements from the outset so National Societies are not left managing these transitions alone.

4. COMMUNITY PARTICIPATION

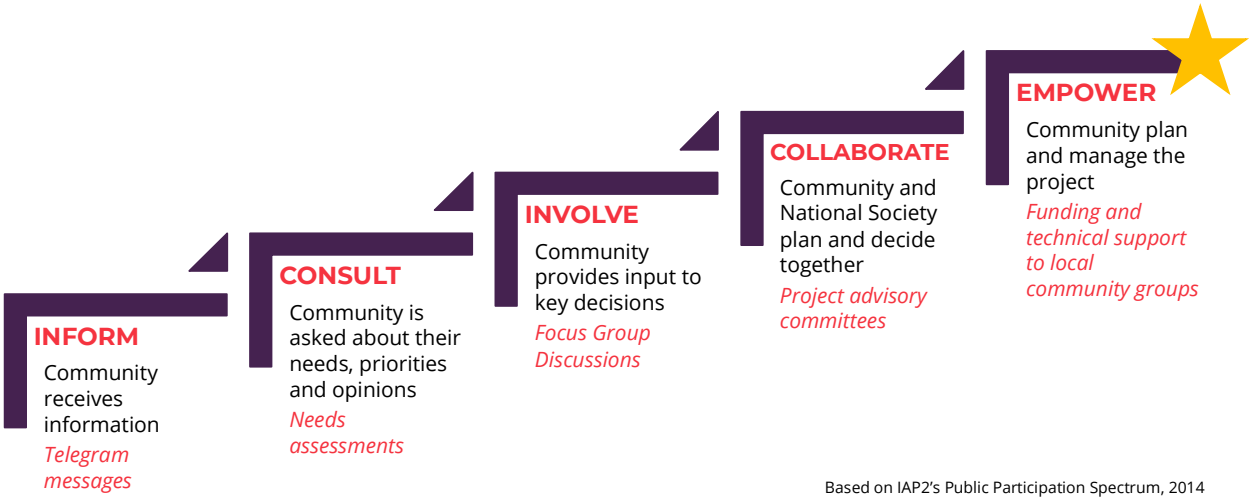
4.1 Understanding and implementation

'Meaningful participation' is consistently referenced across UIC EA operational documents with commitments to *"work collaboratively with displaced people"* and *"facilitate the participation of those affected in assessments and programme design processes"*. In practice, examples in secondary or primary data of communities participating in the design of activities, beyond needs assessments or providing feedback, were limited and mostly took place later in the response. This finding is echoed in the recent 2025 DEC and British Red Cross Ukraine Evaluation report.

Understanding of meaningful participation

There was no clear or shared understanding of what meaningful participation meant in practice. No KII respondent felt the concept had been sufficiently defined to guide implementation, *"We're very vague in how we talk about this and it's hard for National Societies to implement. The problem stems from not defining it enough ourselves."* The Red Cross Red Crescent CEA Guide defines participation as making decisions together with the community about how programmes, operations and activities are designed, managed and implemented. It sets out different levels of participation, depending on the context, programme and capacity, as per the diagram below.

Levels of community participation – from the Red Cross Red Crescent Guide to CEA

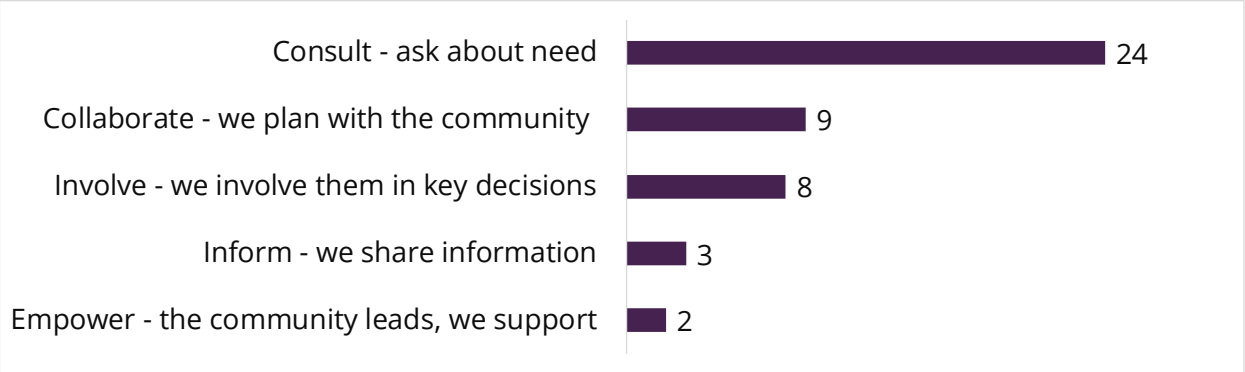


Based on IAP2's Public Participation Spectrum, 2014

Examples of community participation in practice

Most respondents struggled to share examples of community participation or referenced needs assessments, PDMs, or feedback mechanisms. During FGDs, displaced people from Ukraine also said they were not involved in planning activities. This finding reinforces earlier reviews which also found meaningful participation was rarely translated into concrete decision-making roles.

Examples of community participation - by participation level



Inform – sharing information (3 examples)

Examples included information sharing via social media, messaging groups, SMS, or face-to-face communication during activities.

Consult – asking about needs and opinions (24 examples)

This was the most common form of participation, accounting for 52% of examples shared. Activities included needs assessments, FGDs, and KIIs conducted to inform programme design, and PDMs and FGDs used for monitoring and evaluation.

Involve – seeking input on key programme decisions (8 examples)

Several National Societies shared examples of involving communities in decisions about how programmes should be delivered, but mostly later in the response and for MHPSS or livelihoods. Earlier examples were limited, but included FGDs used to plan the shelter programme in Slovakia (see case study on p.32) and case studies from Bulgaria, Montenegro and Slovakia, which reported communities informed aspects of CVA, including eligibility and registration processes.

Collaborate – joint planning and decision-making (9 examples)

Examples of collaboration were primarily small-scale and branch-led. Estonia, Slovakia, Poland, Latvia, and Bulgaria shared examples of branches working with communities to plan language classes, livelihoods courses, MHPSS sessions, and integration activities (e.g. cooking classes).

Empower – community-led initiatives (2 examples)

There were only two examples of communities fully leading activities. This included Turkish Red Crescent's partnership with Ukrainian Associations (see case study on page 37), where community groups planned and implemented activities with technical support, training, and funding. While Romania Red Cross piloted a community-based health volunteering programme in which community members organised groups, identified local priorities, and co-designed interventions with National Society support.

Case Study: Using Rapid FGDs to Co-Design Shelter Support in Slovakia

During the early phase of the Ukraine crisis, the Slovak Red Cross (SRC) faced urgent pressure to design and roll out a shelter programme to support displaced people from Ukraine. Rather than rely solely on assumptions or secondary data, SRC and IFRC organised a series of rapid focus group discussions (FGDs) and key informant interviews (KIIs), with affected people and hosts.

The problem: why participation was necessary

The shelter programme aimed to provide rental assistance for displaced people from Ukraine and financial support to host families. Supporting hosting to work successfully was essential to relieve pressure on the overstretched rental market. Providing this type of support required a nuanced understanding of people's living arrangements, housing markets, hosting dynamics, and longer-term intentions. Without community input, there was a real risk the programme would not work, and hosting arrangements would fail, pushing families back into collective centres or into competition with Slovak renters. Shelter programming was also new for the National Society, which had initially only planned multi-purpose cash assistance for basic needs. A participatory assessment was therefore seen as essential both for programme effectiveness and organisational buy-in. As shelter surge David Dalgado noted, *"Without understanding the needs and challenges with hosting and renting, we'd be making the programme up with no information. But we had to act quickly."*

How it was done: process, roles and timeline

In May 2022, SRC and the IFRC team conducted a rapid, participatory assessment using a mix of FGDs and KIIs across several regions. The process was deliberately simple and fast, taking approximately one week. Questions were designed with SRC HQ, branches, and some initial discussions with hosts, to understand the barriers affecting displaced people from Ukraine from accessing hosting arrangements or the rental market. With hosting it was also important to understand what made a successful arrangement from both the host and guest perspective.

Branches organised FGDs with hosts and displaced people from Ukraine in their areas, often meeting in private homes where multiple families were staying together. Groups were intentionally small and informal. A "snowball" approach helped identify participants quickly, with hosts and displaced people from Ukraine referring others. In parallel, KIIs were conducted with branch managers, volunteers (many of whom were also hosting), and hosts. A rapid market rental assessment and secondary data complemented qualitative findings. Branches played a central role, with many organising FGDs independently and providing short summary reports. This approach gave branches a concrete role in shaping the shelter programme and helped branches and HQ to have a shared understanding of the needs in the community.

Impact and outcomes

Despite involving only around 20–25 participants, the information gathered had an important impact on the design of the shelter programme. This includes:

- **Informing targeting and transfer values:** Findings showed that most displaced people were renting rather than being hosted, and that "hosting" often involved annexes or second properties. As a result, the planned 50/50 split between hosting and rental support was revised, and transfer values were adjusted geographically.
- **Flagging potential barriers to hosting:** FGDs revealed hidden costs threatening hosting arrangements. As David explains, *"One family were supporting their Ukrainian guests to travel to Bratislava for medical treatment for their child. The host was struggling financially to support this. This showed us we needed a top up function, or situations like this could cause the host family to pull out."* FGDs also showed that successful hosting depends on shared expectations and compatibility, not finances alone.
- **Identified safeguarding risks**: Discussions highlighted risks of exploitation within hosting arrangements, including unpaid labour and inappropriate relationships. This informed stronger safeguarding measures and guidance on safe hosting.
- **Highlighted additional needs:** The FGDs also highlighted unmet needs, such as childcare barriers that were preventing women from working. This gave branches the evidence they needed to advocate for complementary services, such as kindergartens.

Lessons learned

Several key lessons emerged:

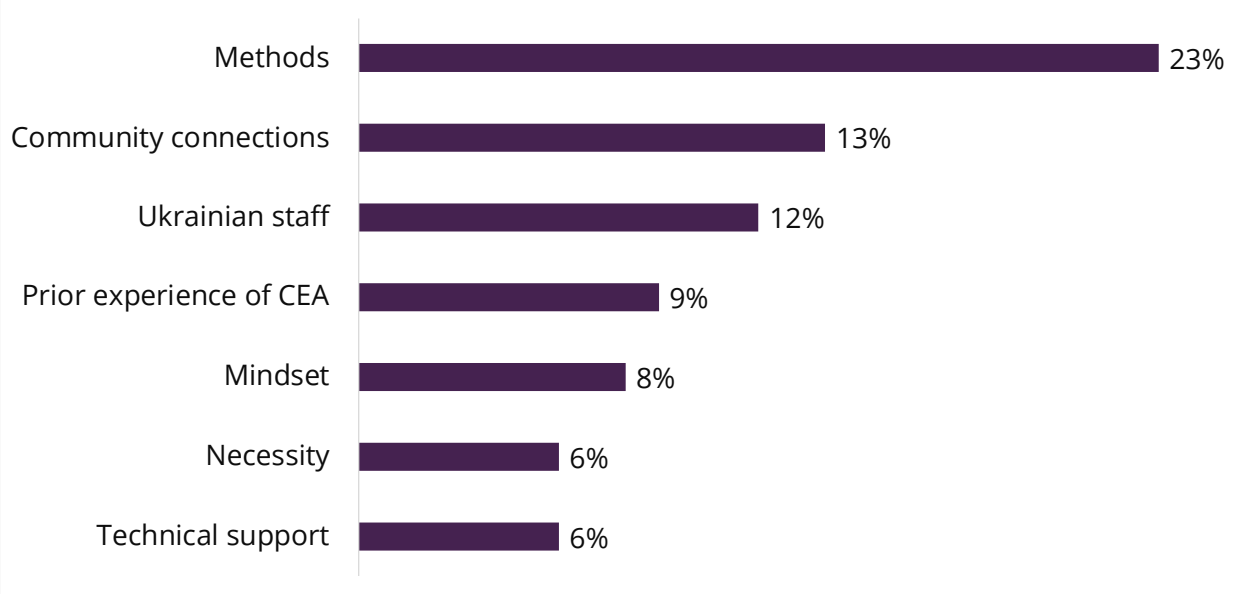
- **Participation is possible during emergencies.** Even during surge, taking a short amount of time for participatory discussions can prevent major design flaws. As David notes, *"The FGDs took a week, but saved us a lot of time later fixing things that wouldn't have worked."*
- **"Quick and dirty" is still valuable.** Although small-scale, the assessment produced critical insights that had significant operational impact, including preventing potential cases of sexual exploitation and abuse.
- **Use internal delays productively.** While internal processes are being set up, teams can gather community input. *"Even when you think there's no time, there probably is. We're often not ready to start implementing immediately anyway,"* David reflected.
- **FGDs can build internal buy-in too.** Involving branches in leading FGDs built enthusiasm and ownership internally, and helped align HQ and field perspectives on needs and programme approaches.

This case shows that community participation in programme design does not need to be postponed until after the emergency phase. By integrating rapid FGDs and KIIs into early assessments, SRC and IFRC designed a more effective, safer and contextually grounded shelter programme, demonstrating that even limited participation can have outsized benefits.

4.2 Community participation enablers

During force field analysis exercises and KIIs, participants were asked what had enabled community participation in the UIC EA. Enablers included both concrete support such as methods, funding and training, as well as less tangible elements such as attitudes, culture and relationships. The graph below shows the most commonly mentioned enablers grouped into common themes. In total, 104 enablers were shared – significantly fewer than the 219 shared for community feedback.

Community participation - enablers (most frequently mentioned themes)



1. Methods enabled participation (23% of coded responses)

Respondents most commonly referred to the methods and approaches used when discussing what enabled community participation. Over half of these described consultation approaches such as needs assessments, PDMs, feedback channels and call centres. These approaches were seen as enabling participation by gathering information on priority needs, satisfaction levels and, in some cases, risks.

As the response shifted from large-scale CVA to more branch-led integration and PSS activities, respondents felt this created more space for participatory approaches. Branches explained that people were more willing to share ideas and experiences in informal settings such as community centres, soup kitchens and internet cafés, compared to formal meetings where they were more likely to *"clam up"*. Both Polish and Bulgarian Red Cross also found that engaging children in activities also built trust with adults, which increased their willingness to engage with staff.

2. Community connections (13% of coded responses)

Strong connections between branches and volunteers and local communities, groups, leaders, associations and municipalities were widely cited as enabling participation in both secondary data and interviews for this evaluation, including case studies from both the Ukraine and COVID-19 responses. Trust in the Red Cross was seen as critical, *"Trust and open communication with the community helps to ensure they want to work with the National Society".*

Collaboration with Ukrainian leaders, diaspora groups and associations was also highlighted as particularly important, as it helped National Societies better understand needs and priorities while strengthening community trust.

3. Ukrainian staff (12% of coded responses)

The widespread recruitment of Ukrainian staff and volunteers emerged as a key enabler of participation. Respondents explained that having people from the affected community embedded within branches, call centres and frontline services improved access, cultural understanding and trust, and helped staff better understand vulnerabilities and context.

Over time, Ukrainian staff and volunteers played an important bridging role between National Societies and the wider Ukrainian community. As one respondent noted, *"It's easier for Ukrainians to open up to another Ukrainian as they share the same language and experience."* This finding is echoed in the DEC and British Red Cross Ukraine Evaluation, which noted, *"the inclusion of Ukrainian volunteers in programme delivery addressed communication barriers and improved participation in social cohesion activities. This model of peer-to-peer support and bilingual engagement increased community trust and local ownership."*

4. Prior experience of CEA (9% of coded responses)

Prior experience of CEA was consistently identified as an enabler of participation. National Societies with existing CEA experience were perceived to be better able to implement participatory approaches and more open to CEA surge support. Similarly, respondents noted that working with operations managers who already understood CEA made it easier to prioritise participation within programme design and delivery.

5. Mindset (8% of coded responses)

Respondents emphasised that participation was enabled by the right mindset and organisational culture. This included empathy, openness, trust and a willingness to work collaboratively with communities. Strong internal communication between teams and levels was also seen as important. As one respondent summarised, *"Skills and training are important, but you have to have the right mindset and personality".*

6. Necessity (6% of coded responses)

Several respondents noted that participation was enabled when it was seen as essential for programme success rather than optional. This was particularly the case for more complex programmes, such as shelter, where understanding people's living situations, barriers and preferences was critical (see the case study on page 32). As one respondent explained, *"If you don't understand these, the programme simply wouldn't have worked."* Others noted that participation was critical for any activities that required uptake, *"otherwise you might design things that no one turns up to"*. Donor expectations also played a role, with some respondents explaining that strong consultation helped demonstrate alignment with community needs and strengthened funding negotiations.

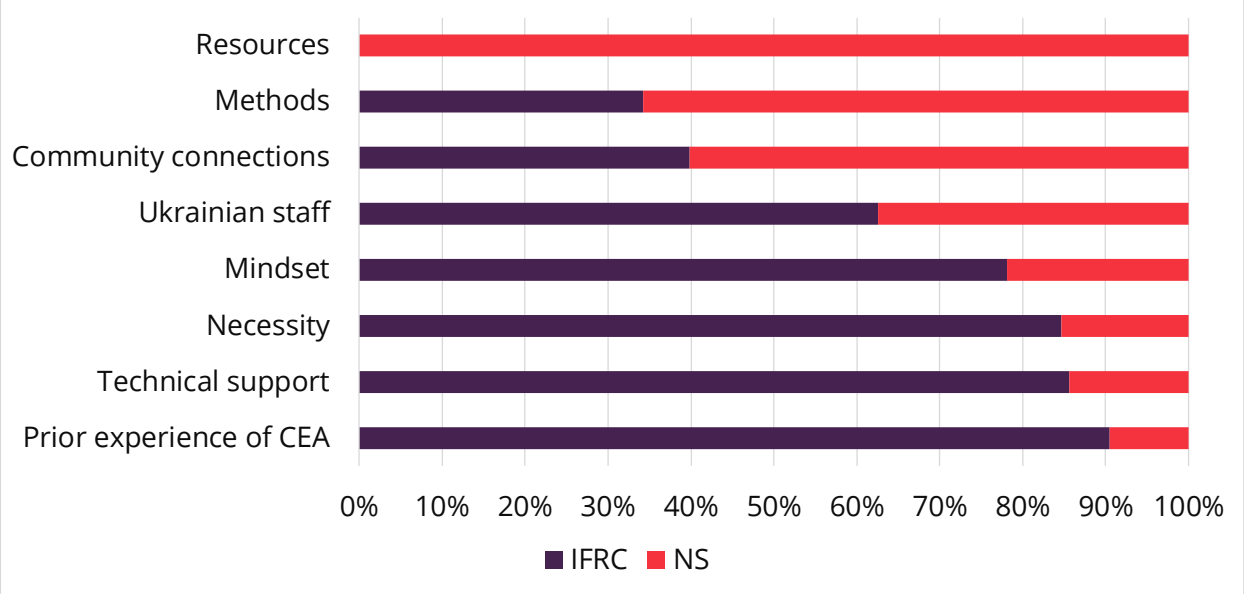
7. Technical support (6% of coded responses)

IFRC CEA technical support, training, guides and tools were cited as helping National Societies and operational staff build understanding and put approaches into practice.

Community participation enablers – by organisation

Enablers differed between IFRC and National Society respondents, reflecting their positions within the system. National Societies emphasised operational enablers such as structured methods, human and financial resources, and strong links with the community. Branches in particular highlighted the practical resources needed for participation. In contrast, IFRC respondents focused more on enabling conditions at system level, including organisational culture, technical expertise and mindset.

Distribution of participation enablers by organisational type (IFRC / NS)



Case Study: Partnering with Ukrainian Associations in Türkiye

For the UIC EA, Turkish Red Crescent Society (TRCS) empowered Ukrainian Associations to plan and lead assistance, while they provided funding and support. This approach strengthened both community participation and resilience, and contributed to a more locally-led response.

Across the country, TRCS has a network of community centres which provide support to people fleeing conflict in countries such as Syria and Afghanistan. Each centre has an advisory committee, comprising host community members, migrants, and other key stakeholders. However, TRCS recognised early on that this model may not work for the UIC response. Altınay Kılıç, Project Officer for the UIC response, explains, *"We had a lot of experience working with migrants, but not with Ukrainians, and faced a number of challenges, including language and understanding of the Ukrainian culture and context. We realised we couldn't just copy what we did in previous operations."*

The approach

Rather than use its own community centres, TRCS decided to work through existing Ukrainian Associations in Türkiye. Altınay explains, *"We realised there were already well-established and trusted social and cultural organisations, who spoke the language, had strong social ties, and understood the community's needs. By working through their centres, we could be much more community-based."*

Following a needs analysis in late 2022, TRCS engaged three Ukrainian Associations, signing cooperation protocols in July 2023. Altınay remembers, *"We spoke to many associations and realised that while they lacked humanitarian experience, they had valuable capacity we could build on."*

Capacity development was central to the partnerships. Associations received equipment to improve their working conditions, alongside a comprehensive training programme covering protection, working with people in vulnerable situations, PSEA, CEA, communication and teamwork, and project management. This included establishing and collecting community feedback and managing sensitive complaints safely. Partnerships were signed with three associations, but more than 20 joined the capacity-building workshops in 2023.

Associations then planned and implemented activities within the UIC EA framework and with TRCS supervision. For example they played a key role in distributions and organised PSS sessions with TRCS psychologists. Associations also acted as the main entry point to the community, managing communication, feedback, and identifying needs and referrals. Altınay explains, *"We provided support during activities, but as observers, not as organisers. We asked their opinions at every step."*

Impact

By transferring decision-making to the associations, TRCS enabled the response to be shaped around Ukrainian needs and preferences, improving relevance and quality. *"The associations decided which items to distribute and how to deliver PSS support so it was accepted and effective. They also helped identify needs we would have missed, like GBV support for women"* Altınay notes. Satisfaction surveys conducted in 2023 and 2024 reported ratings consistently above 70 percent.

The approach also strengthened the capacity and sustainability of the associations. *"Many expanded the services they offer, know where to go for support from the authorities, and are better able to access funding opportunities,"* Altınay adds.

Lessons learned

Altınay shares some key lessons learned from the process:

1. **Trust-building takes time:** Associations were initially reluctant to engage with TRCS due to previous experiences of international organisations asking for information but not following up. The two-year duration of engagement was therefore critical.
2. **Listen and learn:** Start by understanding local associations' needs and priorities, which helps build trust with them. Don't start by saying we are here to increase your capacity and imposing our needs on them. We found trust developed naturally the more we meaningfully included the community in the process.
3. **Be flexible**: Be willing to make changes and adapt based on the associations and community input. We started with feedback boxes, but these didn't work. Community members preferred to use messaging apps or speak directly to the association, so we changed the feedback approach to suit local preferences. Offering both direct and indirect feedback options allowed the community to express themselves comfortably, which helped increase their engagement and willingness to work with TRCS.
4. **Build local partnerships before the crisis**: It took time to identify which associations to partner with and strengthen their capacity in humanitarian processes. This is work we could have done before the crisis. Providing capacity-building for local associations, especially in high-risk or insecure areas, would improve readiness and protection.
5. **Strengthen participation capacity**: Participation remains the least understood element of CEA, and it needs more support and emphasis, especially on how to reach people in vulnerable situations and ensure they are included in decision-making.
6. **Building resilience is about more than numbers**: Humanitarian efforts usually focus on numbers, speed and volume of aid, but building local capacity is also valuable. When we empower community groups to help others, we are building long-term resilience. It can be hard to see this way of working is just as valuable as aid delivery. But it shows us we don't always have to be the ones doing everything – other ways of working are also possible.

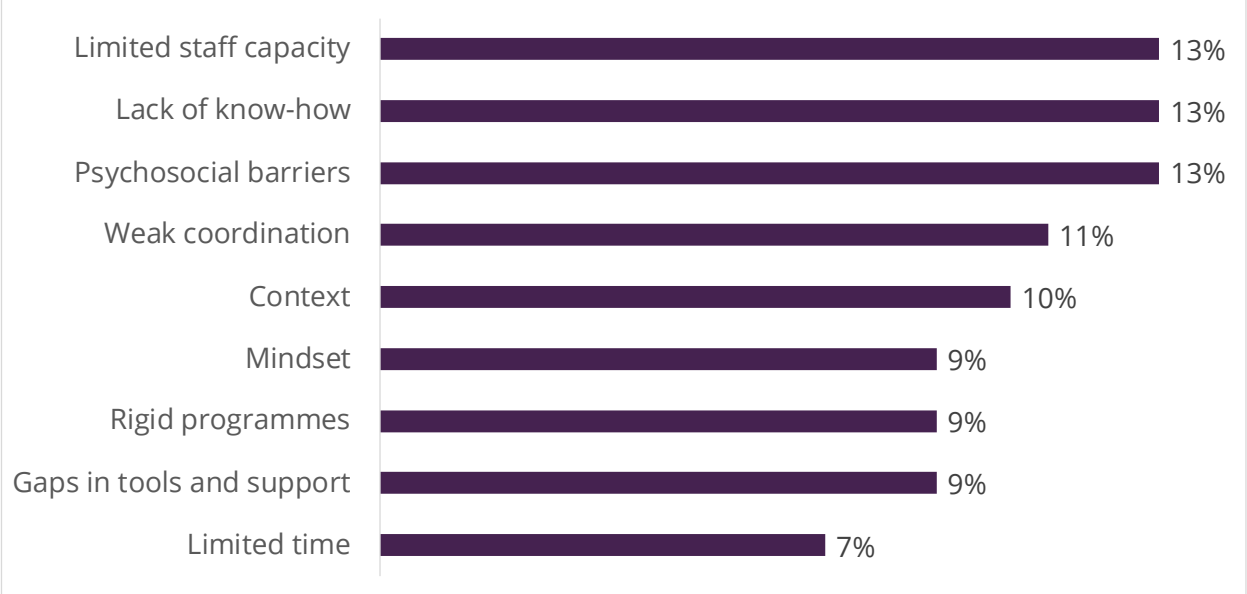
Implications

This case demonstrates that community participation can be significantly strengthened by investing in and working through existing community structures. By prioritising capacity strengthening over parallel service delivery, TRCS contributed to increased community resilience and longer-term response capacity. The approach highlights the value and feasibility of participatory, community-led humanitarian action.

4.3 Community participation barriers

During force field analysis exercises and KIIs, participants also shared the barriers or challenges preventing community participation within the UIC EA. The graph below shows the most commonly mentioned barriers grouped into common themes. In total, 126 barriers were shared compared to 104 enablers. While secondary data pointed to a gap in community participation, the findings below go further by explaining what is causing that gap.

Community participation - barriers (most frequently mentioned themes)



1. Limited staff capacity (13% of coded responses)

A lack of staff capacity was the most frequently cited barrier. In the early stages of the response, branches described being overwhelmed by the scale and urgency of needs, leaving little time or space to move beyond information-sharing. As one National Society explained, *"The mechanisms are there for participation, but we have no time to implement them."*

As the response progressed, capacity constraints persisted. Many National Societies reported one person covering multiple roles, and later reductions in funding led to the loss of trained staff. Several respondents stressed the absence of a dedicated CEA role, noting that without someone responsible for making sense of inputs, participation risked becoming tokenistic: *"You need someone to do the analysis and make sense of what's been collected, or there's no point."* A review of CEA surge approaches in 2024 identified a lack of National Society CEA counterpart as the main challenge experienced by CEA surge while on deployment.

2. Lack of know-how (13% of coded responses)

Limited experience and confidence in participatory approaches also constrained participation. While willingness often existed, staff described uncertainty about how to practically move beyond assessments and consultations toward more collaborative approaches.

The lack of knowledge also added to fears that participation is a *"huge, timely process that NS think they don't have time for, because they think it's something bigger than it is and feel intimidated"*. Concepts such as *"meaningful participation"* were described as straightforward on paper but challenging to operationalise. In the 2024 CEA Surge Review, delegates identified community participation as the most challenging CEA minimum action to put into practice.

Respondents also highlighted conceptual challenges, including uncertainty about who constituted the *"community"*, how to enable participation in urban, dispersed contexts, and ensure inclusion of marginalised groups.

3. Psychosocial barriers (13% of coded responses)

Barriers to participation were also experienced by communities themselves. These included language barriers, lack of time, and more profound psychosocial factors such as shame, fear, exhaustion, low confidence, and a reluctance to appear ungrateful. FGD participants described feeling uncomfortable proposing their ideas or suggesting activities that were *"non-essential."*

The CVA Lessons Learned Workshop report noted it was sometimes difficult to convince communities to participate. There is a risk this can be interpreted as a lack of interest or will to participate. Instead, it highlights the close link between participation and psychosocial wellbeing: people need to feel safe and supported to participate, while participation itself can strengthen confidence and agency. These barriers are particularly pronounced in migration contexts where integration challenges compound trauma and uncertainty.

4. Weak coordination (11% of coded responses)

Weak internal coordination and unclear ownership of participation undermined efforts across the response. Participation was often perceived as the responsibility of CEA staff rather than programme teams. CEA and PGI staff described engaging communities without the authority to act on what they heard, while programmes sometimes hesitated due to fears of *"doing it wrong."*

Several respondents discuss IFRC's fragmented approach to project management, which echoes findings in the IFRC CEA Strategy and the 2024 MTR which found a *"prevailing silo mentality within the IFRC"* and limited collaboration across departments. As one respondent noted, *"If it's a separate budget line, you think it's not your job."* Coordination gaps between branches and HQ also meant valuable local insights were not always shared or acted on.

5. Context (10% of coded responses)

The scale and geographic spread of the crisis made it difficult to establish stable community structures, particularly in urban settings. Over time, increasing negative sentiment towards displaced people from Ukraine in some countries created additional sensitivities around engagement and public communication. In certain contexts, Government approaches further constrained participation, with respondents noting that it is difficult for National Societies to adopt community-driven approaches where these are not reflected in national policies or discourse.

6. Mindset (9% of coded responses)

Attitudinal barriers among staff and leadership also constrained participation. Previous evaluations and respondents described an overemphasis on speed, outputs, and quantity, with participation viewed as incompatible with emergency response and *"something for later on when the programme is up and running."* Others felt there was a perception that the existence of call centres meant participation requirements had been met. Others noted resistance to change, *"We've always done it this way, and no one complained."*

7. Rigid programmes (9% of coded responses)

Rigid programme design and donor constraints were also cited as limiting participation, both in this evaluation and previous studies. Fixed eligibility criteria, earmarked funding, and narrow sector boundaries often prevented community input from shaping activities. Several respondents shared examples where communities were consulted but their priorities could not be acted on, undermining trust and credibility. For example, *"Parents wanted language classes for their children to help them integrate better at school and asked us to include this, but then the donor told us that this is not part of health."* Branch staff in particular reported limited influence over programme design, especially for IFRC-funded activities, leaving little room for co-design at the local level.

This echoes challenges identified in the MTR which suggested the initial lack of country-specific response plans and mechanism to ensure community input is integrated in decision-making limited the UIC EA's ability to respond to local needs and challenges.

8. Gaps in tools and support (9% of coded responses)

Participants noted a strong emphasis on feedback mechanisms compared to participatory approaches. Feedback was perceived as more tangible, measurable, and easier to operationalise, while participation lacked practical tools adapted to European, urban, and migration contexts.

Global CEA tools and terminology were often described as not suited to these contexts, particularly around the concept of "community," which respondents felt did not reflect how National Societies operate in Europe.

9. Limited time (7% of coded responses)

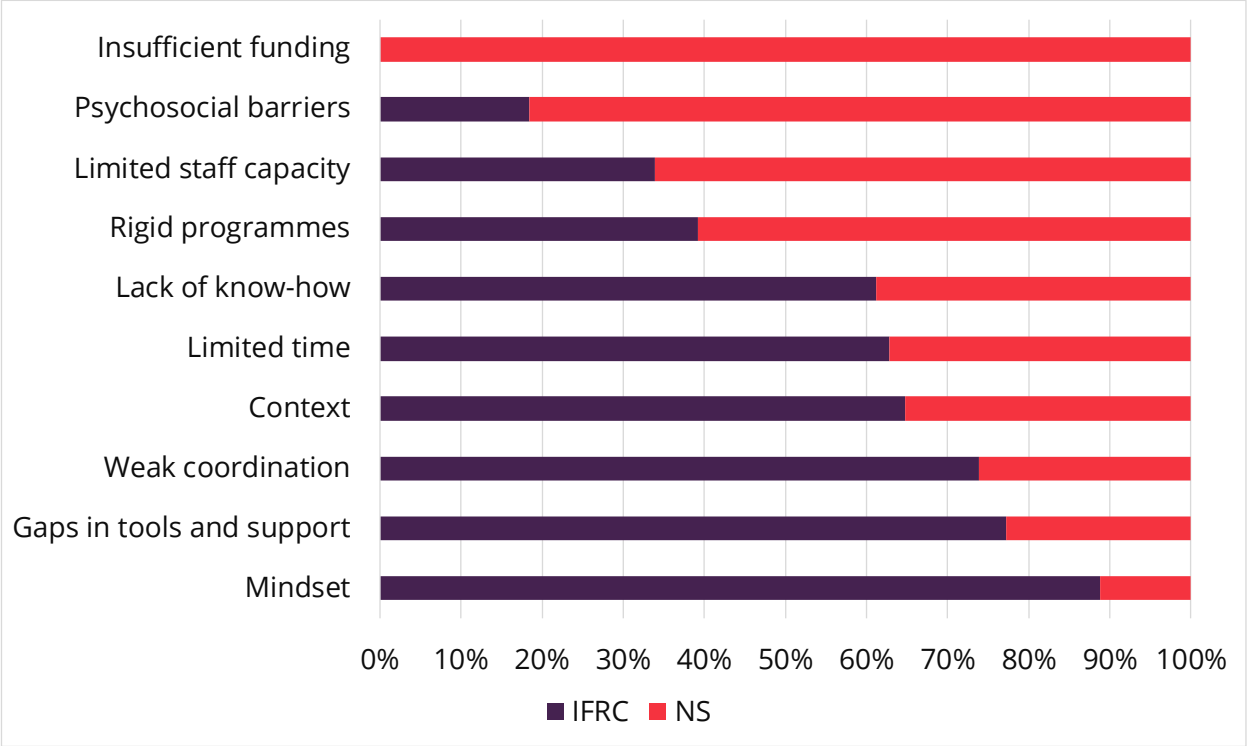
Proposal deadlines, donor expectations, and pressure to demonstrate rapid action meant participation was often deprioritised, especially in the early phases. Several respondents described *"the pressure to be seen responding versus involving communities in the process,"* resulting in participation remaining largely at the level of information sharing or consultation. This was also highlighted in the 2022 CEA in CVA Report.

Community participation barriers – by organisation

There were notable differences between National Society and IFRC perspectives. National Societies emphasised operational constraints, including limited staffing, funding, and power to adapt programmes, as well as psychosocial barriers affecting community members. IFRC respondents focused more on institutional challenges such as coordination, internal mindset, and the absence of clear guidance and ownership.

Staff working in operations pointed to external contextual challenges as the key barrier preventing participation, while programme-related roles more keenly felt technical barriers including know-how, practical tools, and a lack of clear roles, responsibilities and direction.

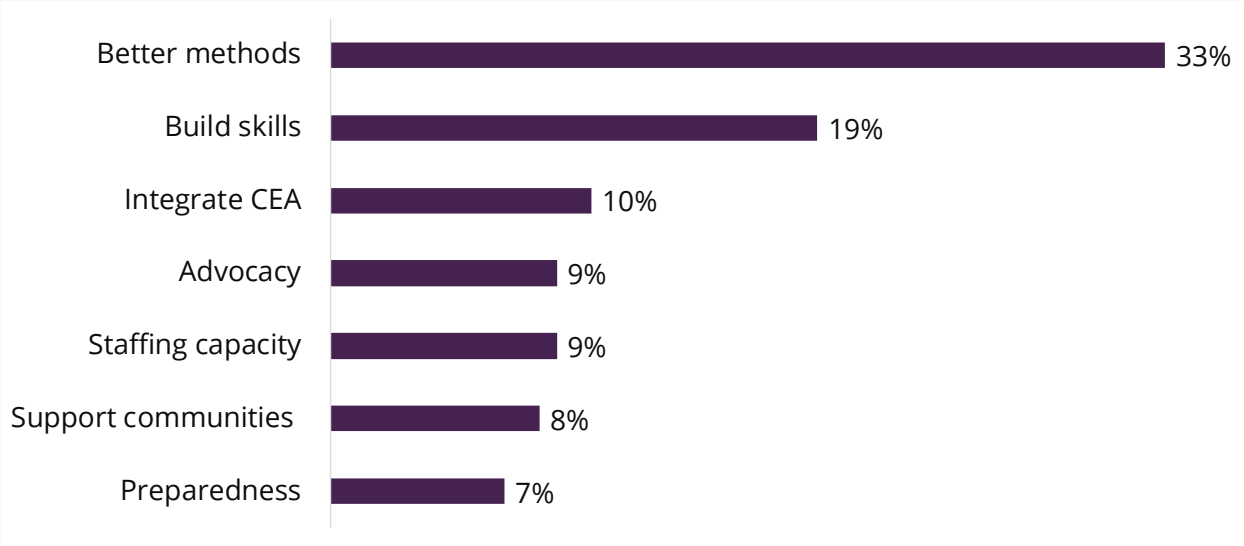
Distribution of participation barriers by organisational type (IFRC / NS)



4.4 Community participation recommendations

Participants shared practical and achievable recommendations to address barriers and strengthen community participation in future responses. In total, 147 recommendations were shared, with an emphasis on methods, skills, and integration.

Community participation - recommendations (most frequently mentioned themes)



1. Better methods for participation (33% of coded responses)

A third of recommendations focused on strengthening methods for putting participation into practice. Recommendations included:

- **Make better use of branches, volunteers and HSPs**: Branch staff and volunteers were widely seen as trusted and underused approach for strengthening participation. Respondents recommended placing greater trust in branches as the *"voice of the community"* and adopting more systematic ways to listen to and engage with them, such as using AccessRC. The recruitment of Ukrainian staff and volunteers from the affected population was also seen as a good practice that should be replicated in future operations, and has now been included in the Integration and Inclusion Framework. The 2024 MTR and 2025 DEC British Red Cross Ukraine Evaluation also recommended leveraging volunteer networks to improve community participation.
- **Tailor participation to the phase, programme, and context**: Respondents stressed the need for more realistic expectations about what level of participation is feasible at different stages of a response. Consultation was seen as appropriate early on, with involvement and collaboration becoming more feasible as responses stabilise, and empower as the focus shifts towards long-term recovery, integration and livelihoods.

- **Have a clear purpose for participation**: Participatory processes should be clear on who needs to be involved and the decisions being discussed. Branches suggested establishing working groups or regular meetings with community representatives, echoing earlier recommendations in the 2022 CEA in CVA Report and 2024 CVA Lessons Learned Report.

"Participation is possible in the first six months but need to be realistic and don't aim for rockets, when all we need is bicycles."

"Now it's more peaceful; conversations are needed, and now there is space for that."

2. Build skills for participation (19% of coded responses)

Recommendations highlighted the need to demystify participation and make it easier for staff to implement in practice. Recommendations included:

- **Simplify participation guidance and training**: Respondents called for clearer definitions of meaningful participation and more practical, step-by-step guidance tailored to European and migration contexts.
- **Build the participation skills of all staff**: Respondents, and the 2022 CEA in CVA report, suggested IFRC needs to strengthen participation skills across all technical staff, not just those working in CEA. For example, by integrating participation in technical trainings.

"After the CEA training, NS staff felt like they had to be at empower immediately".

"Before doing a training reflect with staff and volunteers how participation could be improved based on the actual work currently being done."

3. Integrate CEA in operational approaches (10% of coded responses)

Respondents emphasised that participation needs to be embedded in how operations function. This recommendation was also shared in the MTR. Recommendations included:

- **Programmes lead participation, CEA supports**: Respondents felt responsibility for participation should sit with programme staff, with CEA staff in a supporting role. This needs greater clarity over roles and responsibilities and integration into job descriptions.
- **More structured approach to participation**: Suggestions included making consultation a standard requirement in assessments and design and integrating participation into SOPs and planning tools.

"Responsibility should sit with the sector to ensure good participation, but it needs to be built into those roles as well – it needs to be an explicit part of your job."

4. Advocacy (9% of coded responses)

Respondents highlighted the need to advocate for participation by positioning it as necessary for quality and effectiveness, and for leadership to allocate the necessary time and resources.

5. Increase staffing capacity (9% of coded responses)

Many respondents highlighted the need for sufficient human resources to enable participation. This included enough programme staff to engage communities and dedicated CEA roles.

6. Support communities to participate (9% of coded responses)

To address psychosocial barriers, recommendations included linking participation more closely with PSS and integration activities and clearly communicating how participation influences decisions, so people feel valued and safe to engage.

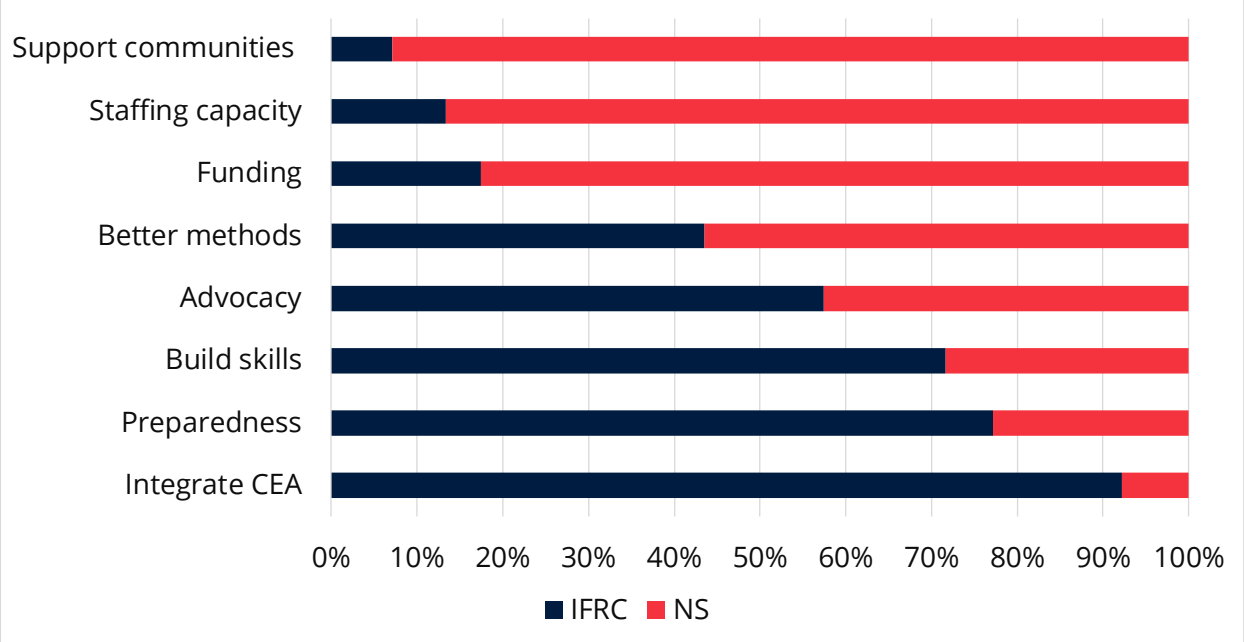
7. Preparedness for participation (7% of coded responses)

Respondents strongly recommended investing in participation capacity before crises occur noting, *"Capacity building on participation before emergencies would make a major difference."* This includes training National Societies and operations managers in "peacetime" and using participatory approaches in regular programming.

Community participation recommendations – by organisation

While National Societies emphasised immediate operational needs including staffing, funding and psychosocial support, IFRC respondents focused more on institutionalisation, skills development and integration into operational systems.

Distribution of participation recommendations by organisational type (IFRC / NS)



5. CEA INSTITUTIONALISATION AND SUSTAINABILITY

5.1 CEA institutionalisation within the UIC EA

Commitments to institutionalising CEA featured prominently in regional strategies and country plans, where CEA was framed as a cross-cutting organisational process rather than a standalone set of activities. Plans set out an ambitious vision, including appointing CEA focal points, delivering training at headquarters and branch level, integrating CEA into staff and volunteer development (often alongside PGI and migration), and developing CEA strategies, policies, and systems intended to strengthen the National Society beyond the response.

In practice, training and workshops emerged as the most common institutionalisation approach. By December 2024, more than 2,000 staff and volunteers had been trained on CEA, making it the third most reported sector for training. With IFRC and NLRC 510 support, many National Societies also invested heavily in digital capacity and establishing professional call centres. However, sustaining these mechanisms proved challenging. According to Federation-wide Monitoring and Reporting, the number of National Societies with established feedback mechanisms had fallen from 10 in 2023 and 2024 to just four in 2025[8].

Progress was also made in staffing. From only a handful of roles at the start of the Appeal, more than ten National Societies had appointed CEA focal points by mid-2024. Yet declining appeal funding affected sustainability, and by mid-2025 only eight National Societies reported still having a CEA focal point. Policy and strategy development was more limited. The 2025 CEA global monitoring found that only one of the 13 reporting IC National Societies had a CEA policy in place, one had a National Society-wide CEA plan, and three reported CEA had been integrated into their organisational strategy.

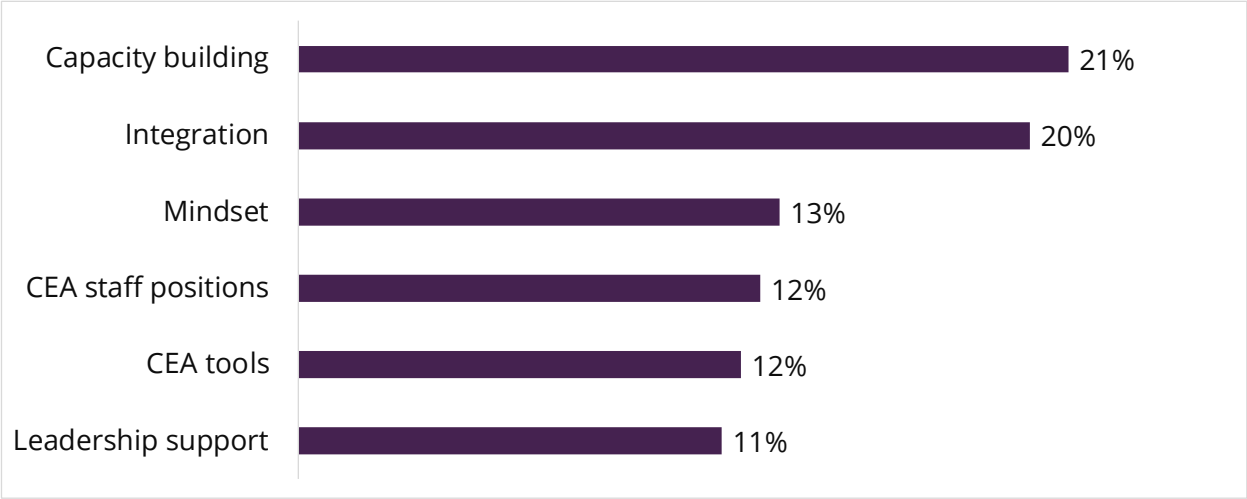
While it is not realistic to expect all CEA approaches established during the response to be sustained, the UIC EA created important foundations. By the time the 2024 MTR was conducted, *"all [IC National Societies] were applying CEA approaches to some degree, marking a significant step forward in awareness and adoption"*. The extent to which these gains translate into more consistent community engagement in day-to-day work beyond the EA, and improved preparedness for future emergencies, is explored in the following sections.

[8] Based on those reporting to the Federation-wide Monitoring and Reporting UIC indicator tracking tool.

5.2 CEA institutionalisation enablers

During force field analysis exercises and KIIs, participants discussed what enabled National Societies to institutionalise CEA and make it sustainable beyond the end of the UIC EA. This included support provided by the response, or approaches within their own National Society. The graph below shows the most commonly mentioned enablers grouped into common themes. In total, 193 enablers were shared.

CEA institutionalisation - enablers (most frequently mentioned themes)



1. Capacity building (21% of coded responses)

Capacity building through training, peer learning, and technical accompaniment was the most frequently cited enabler of CEA institutionalisation, by helping to build understanding, ownership, and skills. This same enabler was identified for PGI and Safeguarding in their 2024 evaluation of the UIC EA and in IFRC's global CEA Strategy.

Training-of-trainers (ToT) approaches helped spread CEA knowledge more widely across National Societies and increased branch-level ownership. As one National Society explained, *"The CEA surge presented CEA and feedback to branches, we were worried at first, but it went well and the branches ended up contributing to the feedback mechanism."* Short trainings and briefings integrated into existing meetings were also seen as effective in linking CEA to day-to-day work.

Respondents valued efforts to combine cross-cutting topics such as CEA, PGI and IM into joint trainings, a finding echoed in the PGI evaluation. Access to resources through the community engagement hub was also reported as highly useful. Technical accompaniment from IFRC CEA staff was seen as most impactful when it was contextualised to National Society capacity and focused on incremental improvement rather than perfection. Peer learning was important for enabling exchange and problem-solving between National Societies.

2. Integration of CEA (20% of coded responses)

The 2024 MTR and interviewees for this evaluation noted that the scale and profile of the UIC EA provided a platform for CEA to be introduced in a more integrated and systematic way than had previously been possible. Several respondents explained that while elements of CEA existed before the response, the Appeal helped formalise and operationalise practices. As one National Society reflected, *"We were doing it, but not by the book."*

The integration of CEA within response plans and sectors such as CVA, migration and NSD helped National Societies see its value and created multiple entry points for institutionalisation. Examples were shared of CEA later being integrated into organisational strategies, disaster management approaches, reporting processes, evaluations, and PER assessments. As one National Society shared, *"The appeal really helped with understanding because CEA was in all the sectors. Especially with disaster management. Now we coordinate a lot and every assessment and DREF includes CEA".* Respondents highlighted this integration strengthened ownership and reduced perceptions of CEA as an external requirement, a finding also shared in IFRC's CEA Strategy.

For some this had a significant impact: based on learning from the UIC EA, Slovakia Red Cross conducted a CEA self-assessment as part of an organisational change process. This led to CEA being integrated in their Plan of Action and them joining the global CEA Ambassador's Network[9].

3. Mindset (13% of coded responses)

Respondents emphasised one of the most important outcomes of the UIC EA was a gradual shift in how staff thought about quality, accountability and their responsibility to listen. This was evidenced by the growing confidence, ownership, and independent use of CEA approaches in branches and programmes. As one National Society explained, *"The mindset is changing internally, we see that complaints are linked to quality, so if we want quality work, we need to address complaints"*.

4. CEA staff positions (12% of coded responses)

Dedicated CEA staff positions were widely viewed as critical to institutionalisation, a finding repeated in multiple evaluations and reports from the UIC and more widely. The UIC EA was credited with creating the conditions for these roles to exist and National Societies explained having dedicated CEA staffing helped them move forward more quickly with institutionalisation,

The deployment of IFRC CEA staff at regional level helped introduce an institutional perspective, while longer-term CEA roles at country and cluster levels enabled a shift from short-term surge support to more sustained capacity-building. This in-country support was seen as particularly valuable, as one operations manager shared, "*I could make the commitment to support the NS. As an ops manager I felt very happy we had proper resources for CEA and PGI. I've not seen this before".* The MTR found 94% of National Societies rated this support as good, very good, or excellent.

[9] See https://www.ifrc.org/evaluation/assessment-driven-transformation-practical-look-sl

5. CEA tools (12% of coded responses)

Respondents described how the response introduced practical tools that demonstrated the value of CEA, which supported institutionalisation. Examples included feedback mechanisms, helplines, AccessRC, EspoCRM, social media channels, perception surveys and regular FGDs. These helped show the value of CEA and how it works in practice and are now seen as valuable assets for the National Society. As one National Society reflected, *"The helpline is precious, we need to protect it".* IFRC's CEA Strategy also found practical tools can be an entry point for CEA institutionalisation.

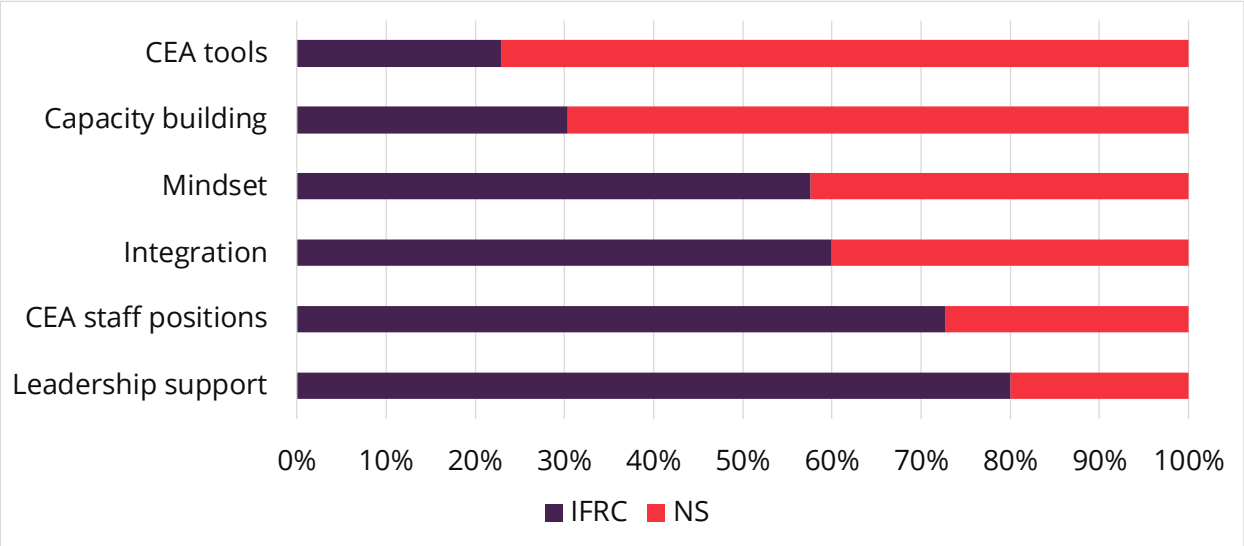
6. Leadership support (11% of coded responses)

Leadership support at regional and country levels is seen as an important enabling condition for CEA institutionalisation, both in this evaluation and many others. Respondents highlighted the willingness of UIC EA leadership to resource senior CEA capacity early in the response. Operations managers with prior experience of CEA were also able to advocate more effectively with National Society leadership and integrate CEA into operational approaches. As one senior leader explained, *"Integration depended on the conceptual understanding of both ops managers and NS - where this was strong, CEA was embedded more successfully."* Progress was seen as strongest where leadership commitment, dedicated CEA roles, and National Society willingness aligned, a finding echoed in many other evaluations.

CEA institutionalisation enablers – by organisation

Perspectives differed by organisational role. National Societies tended to emphasise practical enablers that supported day-to-day implementation, including tools, training, and staff positions. IFRC respondents highlighted leadership support, integration into systems, and sustained technical functions. Mindset was consistently identified as a shared enabler across both groups.

Distribution of institutionalisation enablers by organisational type (IFRC/NS)



Case Study: Institutionalising CEA through Emergency Operations in the Hellenic Red Cross

Starting point: CEA introduced through crisis (2015 migration response)

As with many National Societies in the UIC EA, Hellenic Red Cross (HRC) first began to formalise its approach to CEA through an emergency response. However, for HRC it wasn't the Ukraine crisis, but the migration emergency in 2015, when over one million people arrived in Greece. At that time, CEA was not embedded as an organisational approach, but the scale and complexity of the crisis created a clear operational need for more structured engagement with affected people.

With support from IFRC and Partner National Societies, HRC first began providing information as aid. During the emergency phase, CEA was largely seen as a separate sector. However, as the response stabilised, dedicated CEA staff were recruited in major camps, multiple feedback channels were established, and communities were increasingly involved in shaping activities. This phase was critical in demonstrating the practical value of CEA to staff and volunteers working under pressure, laying the groundwork for broader organisational uptake.

Continuing after the crisis: from practice to institutionalisation (2018–2022)

When HRC began to phase out from refugee camps in 2018, the organisation made a deliberate decision not to allow CEA practices to disappear with the emergency. Instead, CEA was gradually integrated into domestic programmes.

Key steps included a CEA training of trainers, approval of standard operating procedures (SOPs) for CEA in emergencies, and the appointment of a dedicated CEA Coordinator in 2019. This role proved critical for driving the shift from CEA as a set of activities to an organisational-wide commitment. CEA SOPs with minimum standards for all HRC programmes were approved by leadership later that year, CEA was integrated in all trainings, feedback mechanisms were made obligatory in all programmes, and a CEA library was created to share learning and showcase impact. This progress occurred despite significant challenges, including staff and leadership turnover, limited resources, and heavy workloads.

Building on foundations: the Ukraine response (2022–2025)

When the Ukraine crisis began, HRC was in a fundamentally different position compared to 2015. Maria Zygouri, HRC CEA Coordinator, explains*, "We didn't have to start from scratch so we could get moving much more quickly this time. We already had trained staff and existing feedback mechanisms we could adapt for the response."* This solid foundation meant HRC was able to integrate CEA into the DG Sante Mental Health and Psychosocial Support (MHPSS) project. HRC conducted participatory needs assessments using FGDs, developed MHPSS services with service users, and regularly gathered and used community feedback to guide the project.

Lessons learned and advice for other National Societies

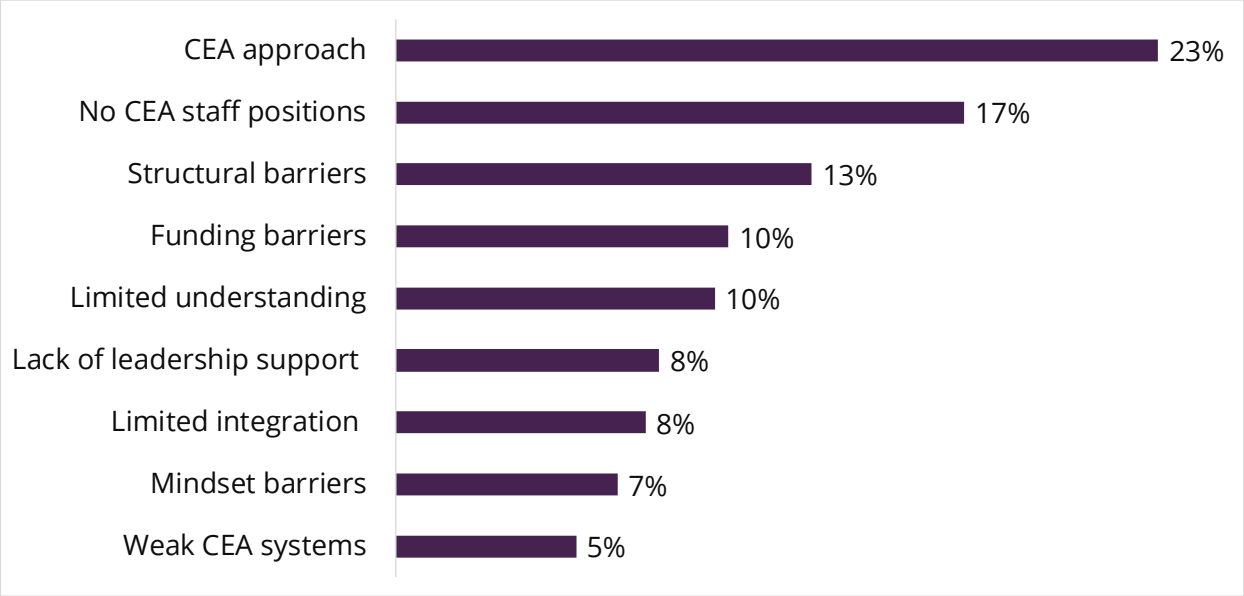
- **Use emergencies as entry points, not endpoints.** Crises can catalyse change, but only if practices are maintained and formalised after the emergency. *"The 2015 migration response was an opportunity and a chance to learn, but institutionalisation is an ongoing process, not a one-time initiative, and it requires investment between crises too,"* adds Maria.
- **Institutionalisation takes time.** In HRC's case, the process took nearly a decade, progressing from practice, to systems, to policy. Maria explains, *"It's a journey, and you need to go step-by-step. Slowly, slowly we built the mentality and then put in place the documents to formalise it and that's how we managed in 2025, to approve our CEA Policy."*
- **Start simple and adapt.** CEA does not need to begin with complex systems. *"A feedback mechanism can be as simple as an FGD with 5 people. It's ok to start with something small and build it up over time,"* adds Vasiliki Dalla, CEA focal person with HRC's health sector.
- **Find the right people to push it forward.** The positive attitude and commitment of staff towards CEA proved instrumental in driving it forward and maintaining momentum. Maria adds, *"Finding a dedicated person, the right profile who can fight for it, makes a big difference. They also need to build a network of internal allies, who will help to mainstream it."*
- **Make it official**. For HRC, the creation of a CEA policy and SOPs helped to set clear expectations and commitments within the organisation. Maria explains, *"In practice, having these documents meant that CEA was fully accepted by the leadership. It formalised CEA as a cross-cutting approach and made it obligatory for all sectors and programmes."*
- **Invest in continual training.** Regular trainings and advocacy built staff understanding and commitment to CEA. Adapting trainings to the HRC context also helped demystify CEA, and over time it became less associated with "extra work" and more understood as good programming. *"Internal trainings were really helpful to sensitise staff. They need to know what it is, why it matters, and how it links to their work, or it won't happen. These sessions need to be ongoing as staff are always changing.* adds Vasiliki.
- **Choose the right approach for your National Society.** Maria notes, *"There is no one recipe for success. Every National Society is different, with its own dynamics. Whether to focus on policies or changing mindsets depends on the National Society. In our experience, try to combine a bit of both, but each National Society knows itself best and needs to chart its own institutionalisation course based on what will work for them."*

HRC's experience demonstrates that National Societies can use emergency operations as a foundation for institutionalising CEA, but only if this work continues after the crisis. By investing consistently in policy, people, and practice, HRC entered the Ukraine response better prepared and more accountable. This approach shows that institutionalisation is an ongoing organisational journey. As Maria adds, *"Having the official documents doesn't mean the job is done. You still need to push. Communities are always evolving and that means we have to keep learning and adjusting too."*

5.3 CEA institutionalisation barriers

During force field analysis exercises and KIIs, participants also shared the barriers preventing National Societies from institutionalising and sustaining CEA. Barriers were often highly interconnected and mutually reinforcing. These barriers mirror those identified in the 2024 PGI and Safeguarding UIC EA Evaluation. The graph below shows the most commonly mentioned barriers grouped into common themes. In total, 239 barriers were shared. These findings provide a deeper understanding of what is causing CEA sustainability challenges outlined in the literature.

CEA institutionalisation - barriers (most frequently mentioned themes)



1. CEA approach (23% of coded responses)

IFRC's approach to CEA and how it is presented to National Societies was identified as a key barrier to the institutionalisation of CEA, with many feeling it was too overwhelming and not sufficiently adapted to National Society context and capacities.

While helpful, the sheer volume of tools, guidance and minimum actions risked making CEA feel overwhelming to overstretched National Societies. As one IFRC respondent reflected, *"When an NS looks at the long list of minimum actions, it can feel scary and overwhelming; we need better messaging that even doing a little is worthwhile."* National Societies shared that CEA expectations early in the response were often unrealistic given operational pressures. Operations colleagues also shared concerns that at times CEA staff were too demanding and did not understand the pressures facing operations managers, which sometimes limited their buy-in and support.

Several respondents felt CEA has become less accessible following COVID-19, which created a perception that, "*CEA must be academic or scientific to be valuable. NS think they need nationally representative samples, so a few FGDs with whoever is available is not worth doing anymore."*

Some National Societies felt IFRC delegates did not take the time to understand the context, capacity and existing approaches to community engagement. In some cases, this led to approaches that were not right or sustainable for the National Society. The MTR also raised concerns that at times IFRC overall made decisions without engaging National Societies.

National Societies also described being overwhelmed by the number of new cross-cutting approaches, checklists and trainings, being pushed by IFRC, especially early in the response, for topics including CEA, PGI, IM and safeguarding. As one National Society respondent explained, *"From the IFRC side, there is a dedicated person for every topic and you're there alone and all these people are trying to work with you - it's overwhelming."*

2. No CEA staff positions (17% of coded responses)

Many National Societies explained that not having dedicated CEA staff is limiting progress towards institutionalisation by making it challenging to drive progress, coordinate and mainstream approaches across programmes, support branches, and develop common standards. This is a persistent challenge, also highlighted in the IFRC CEA Strategy. Where CEA roles exist, they are often combined with multiple functions. As one respondent noted, *"The NS recruits one person to cover PGI, safeguarding and CEA and it's an impossible workload. In reality, the person ends up focusing on one area or they resign."*

Gaps in IFRC support also undermined efforts to institutionalise CEA. One respondent explained how CEA and PGI capacity assessments in 2024 had generated strong momentum, with National Societies developing roadmaps and ready to move forward. However, the termination of IFRC delegate contracts before national positions were recruited created a gap in support, which meant *"by the time the position was hired a lot of the momentum was gone and the opportunity to take CEA to the next level was missed".* Respondents felt IFRC's approach to reducing CEA staff lacked strategic planning and implicitly signalled that CEA was not a priority outside emergencies. As one respondent noted, *"If CEA is the thing IFRC downsizes first, this is replicated by NS."*

3. Structural barriers (13% of coded responses)

Structural characteristics of both National Societies and IFRC were also seen as limiting institutionalisation. In several countries, branches operate as independent legal entities, limiting headquarters' ability to mandate new approaches and requiring careful negotiation to avoid damaging relationships. Respondents also highlighted the separation between appeal-funded activities and core National Society work, which made it difficult to expand CEA beyond the EA.

4. Funding barriers (10% of coded responses)

Funding constraints were consistently cited as a major barrier to sustainability. Because CEA systems and positions were largely funded through the Appeal, National Societies struggled to

maintain them once resources declined. As one National Society noted, *"Not having a core budget for CEA means it's all project-based—so if there is no project, there is no CEA."*

Respondents pointed to a sharp drop-off in support after the initial emergency phase, limiting the ability to gradually transition from emergency approaches to longer-term institutionalisation. Inadequate and inconsistent resourcing is a persistent challenge to CEA institutionalisation raised in multiple evaluations, including the IFRC CEA Strategy and Building Trust evaluation.

5. Limited understanding (10% of coded responses)

Despite significant investment in training, respondents felt understanding of CEA and its value remained uneven across staff, branches, and leadership. CEA was often seen as less tangible than CVA, making it harder to grasp and easier to deprioritise.

This can in part be attributed to the fact that for many National Societies, CEA was a new concept in 2022. National Societies had to simultaneously learn what CEA was, set up complex feedback systems, and respond to a large-scale emergency. As one shared, *"The operation came like a tsunami on us. We had to deal with many new things all at once. The response exposed our gaps, and we had to address many of these all at once, which was overwhelming."* Lack of CEA understanding was also highlighted in the Internal Operational Review, the CEA Strategy, and CEA Surge Review.

6. Lack of leadership support (8% of coded responses)

Leadership prioritisation emerged as a key determinant of progress. Respondents explained that CEA support often depended on individual leaders' interests and understanding, while the Internal Operational Review found that operations managers often prioritised corporate services over quality approaches such as CEA or PGI.

In contexts of declining funding, CEA and other cross-cutting areas were frequently deprioritised in favour of more visible activities. As one National Society explained, *"CEA remains a priority but it's not in the top 10 anymore. Leadership are focused on projects that bring in funding*".

Low leadership prioritisation can be linked back to a lack of understanding of CEA's role and value, with some feeling that CEA was accepted by National Society leadership technically, but not viewed as strategically important. This made it challenging to progress efforts such as a CEA strategy which requires wider National Society buy-in. As one National Society respondent shared, *"Leadership did not fully understand CEA at first, so it was not prioritised and if the top don't prioritise it, then forget about it*". The MTR also raised doubts about leadership prioritisation and the likelihood of NS using core resources to maintain CEA once the appeal ended.

7. Limited integration (8% of coded responses)

While CEA was well integrated in some sectors, such as CVA and migration, respondents reported weaker integration elsewhere. For example, one National Society explained it is harder for them

to integrate CEA in programmes when this has not been done by the regional. This evaluation and others, including the MTR and CEA Strategy, found a lack of systematic mechanisms to integrate cross-cutting approaches means progress often depends on individual relationships.

8. Mindset barriers (7% of coded responses)

Some respondents felt CEA was still perceived as externally imposed or donor-driven, while others noted a tendency to consider the CEA box ticked following early successes. Respondents emphasised that mindset change takes time and requires consistent reinforcement.

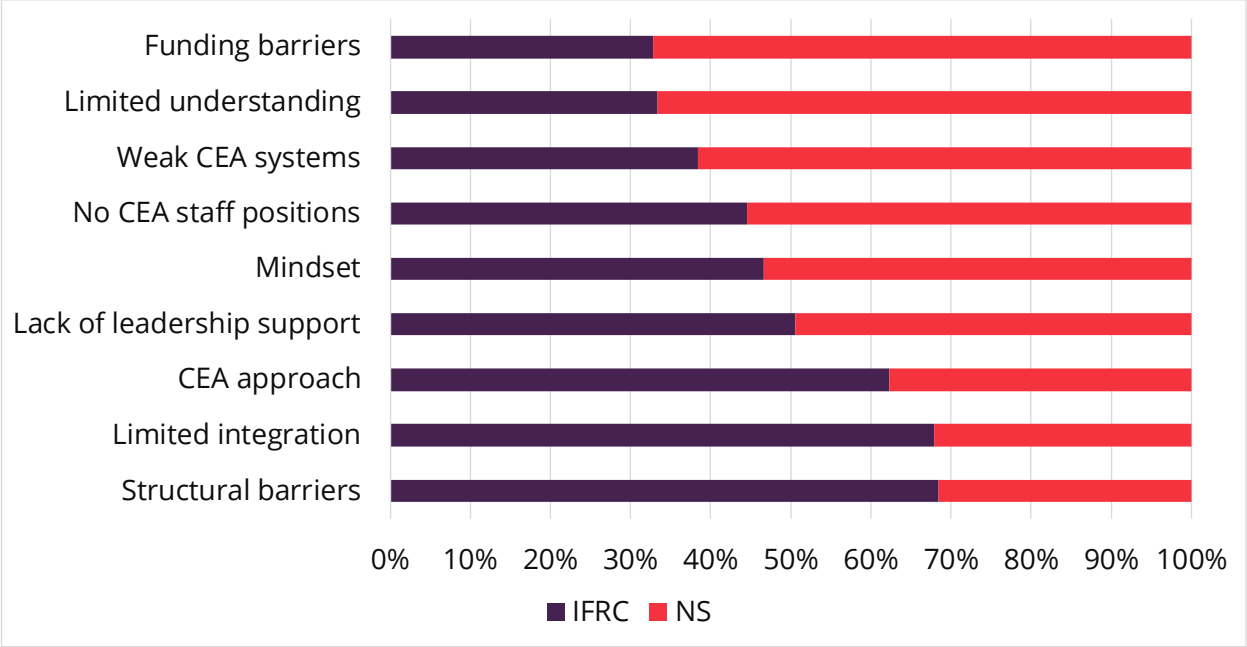
9. Weak CEA systems (5% of coded responses)

Although cited less frequently overall, weak CEA systems were prioritised as a critical barrier by National Societies. They described a lack of clear procedures, standards or guidance to govern how they work with communities, resulting in inconsistent practices across branches and programmes and reliance on individual staff. As one noted, *"If staff change, the whole system risks collapsing because there is nothing formal holding it together, it's dependent on staff attitudes."*

CEA institutionalisation barriers – by organisation

IFRC respondents emphasised system-level barriers including limited CEA integration in sectors, the CEA approach, and structural constraints. National Societies focused on practical challenges such as gaps in funding, staffing and understanding. Both agreed that declining leadership prioritisation, weak systems, and insufficient staffing pose serious risks to sustaining progress.

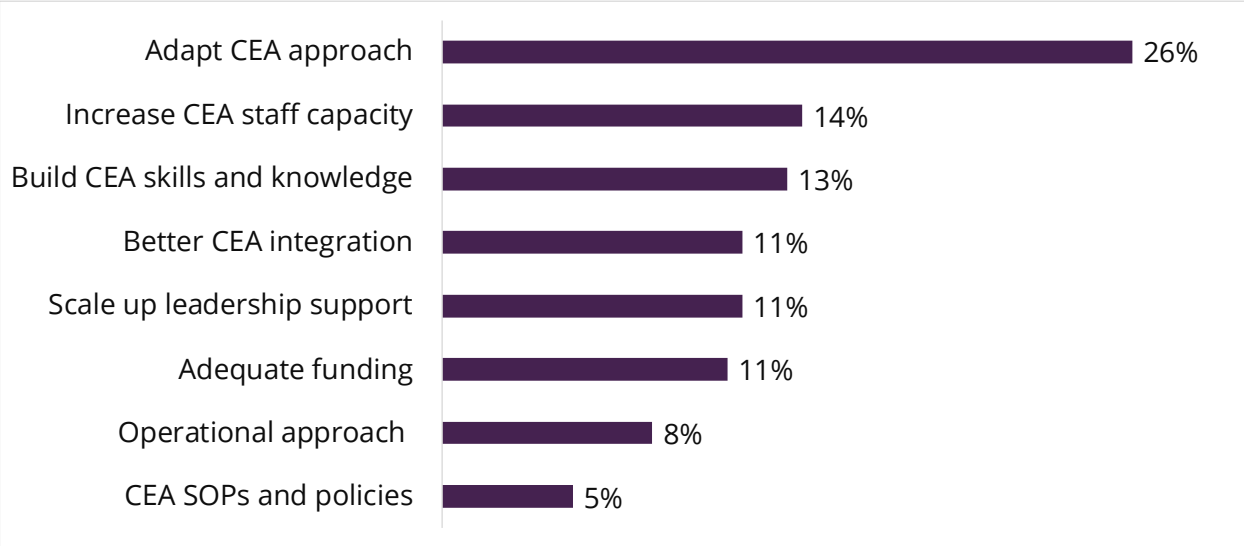
Distribution of CEA institutionalisation barriers by organisational type (IFRC / NS)



5.4 CEA institutionalisation recommendations

Participants were also asked to share recommendations on how IFRC and partners can better support National Societies to institutionalise CEA and sustain it beyond emergency operations. Overall, recommendations closely mirrored the barriers identified in the previous section. In total, 174 recommendations were shared. Many of the recommendations below can also be found in other evaluations, including the MTR, the PGI and Safeguarding Evaluation, the IFRC CEA Strategy, the CEA Surge Review, and the ECHO PPP, and Building Trust evaluations.

CEA institutionalisation - recommendations (most frequently mentioned themes)



1. Adapt CEA approach (26% of coded responses)

Just over a quarter of all recommendations focused on adapting IFRC's approach to CEA to make it more realistic, contextualised, and National Society–led:

- **Understand the context**: IFRC staff should take time to understand National Society structures, capacity, priorities, and constraints before introducing systems. Several respondents suggested short National Society profiles for incoming delegates.
- **Simplify the approach and build on existing work**: Respondents emphasised starting small, being realistic, and building on existing practices. New tools and approaches should align with National Society capacity and be feasible to sustain or scale down.
- **Institutionalisation takes time**: Embedding CEA organisation-wide is a gradual process that requires effort before, during, and after emergencies. Respondents stressed the need for realistic timelines and expectations. As the ECHO PPP evaluation found, *"a three-year timeframe is often too short for deep-rooted mindset shifts and sustainable impact."*

- **Make CEA more concrete**: CEA activities need to be more concrete and demonstrate how they add value to the response and to the National Society. This would help to strengthen operations manager and National Society leadership buy-in.
- **A shared responsibility**: Several respondents felt CEA staff should play a supportive and advisory role, while programmes and operations are responsible for implementation.

"Institutionalisation needs simple, small steps internally rather than large frameworks. If we make it too big no one will ever deal with it."

"CEA activities in operational strategies are often vague and high level. Ops managers need to know how it will benefit the response."

2. Increase CEA staff capacity (14% of coded responses)

Respondents felt CEA capacity is essential for institutionalisation. Recommendations included:

- **CEA needs a designated driver**: Many National Societies stressed the need for a named person to drive coordination, standardisation, and capacity-building, rather than implementation. Several suggested funding this role across projects as a shared resource.
- **Be realistic about combined roles:** Where CEA is combined with other hats, respondents urged greater realism about workload and prioritisation.
- **Allocation of CEA responsibilities**: If a dedicated role is not feasible, CEA responsibilities should be clearly allocated to different staff roles and written into job descriptions.
- **IFRC support valued and needed**: National Societies valued IFRC accompaniment during the UIC EA and expressed concern reduced regional CEA capacity risks stalling progress.

"Identify someone who believes in CEA and is committed to pushing it forward."

"Institutionalisation is a lot about the people who will actually do the work."

3. Build CEA skills and knowledge (13% of coded responses)

To address gaps in understanding and confidence, respondents recommended continued investment in practical capacity strengthening:

- **CEA training and support:** Short, tailored trainings adapted to country contexts and rolled out to branches, combined with follow-up support, was seen as most effective. This was also recommended in the 2022 CEA in CVA report.
- **Maintain peer learning and sharing:** Respondents strongly supported continuing regional and National Society peer learning forums, which were valued for sharing concrete examples and sustaining momentum.

"We want regions to do it not only because they are told to by IFRC, but because they believe in it."

4. Better CEA integration (11% of coded responses)

Many respondents, and previous reports and evaluations, stressed that institutionalisation depends on embedding CEA across sectors and into long-term planning:

- **Make CEA standard, not optional**: CEA should be integrated into all sectors and programmes, building on the successful CVA experience in the UIC EA.
- **Integrate into long-term planning**: Respondents recommended including CEA in National Society strategies and annual unified planning.
- **A more combined approach to cross-cutting sectors**: Linking how CEA, PGI and IM are presented to National Societies rather than introducing each topic separately would help reduce the burden and confusion for National Societies.

"IFRC needs to lead by example, by agreeing how CEA should be mainstreamed at the regional level and what the role of other sectors is in pushing this forward".

5. Scale up leadership support (11% of coded responses)

Leadership buy-in was repeatedly identified as critical for sustainability:

- **Leader to leader advocacy**: National Societies emphasised that effective advocacy on CEA must come from IFRC regional leadership to National Society leadership. Programme, CEA staff, and even operations managers in some cases, lack the influence needed to have an impact. Some also suggested IFRC show follow the approach of some partner National Societies by making CEA mandatory to receive funding.
- **Role of the operations manager:** Operations managers were seen as key enablers when they have sufficient understanding of CEA, provide resources, and actively support its integration in programmes.
- **Demonstrate the value to leaders**: Advocacy should clearly articulate both the benefits of CEA and the risks of weak accountability.

"We have these collective commitments, but we don't enforce them. The secretariat needs to 'walk the talk' as IFRC and show CEA is a need-to have, not a nice-to-have."

6. Adequate funding (11% of coded responses)

Respondents, and the MTR, noted institutionalisation is difficult without resources:

- **Spread the cost of CEA:** CEA could be funded across programme budgets or position it as a quality function funded by core costs.
- **Better financial planning**: Be transparent with National Society leadership about the financial implications of CEA roles and systems at the outset.

"The main constraint now is funding, not ideas. We are not suffering with ideas."

7. Operational approach (8% of coded responses)

Several recommendations related to broader operational practices:

- **Better transition planning**: A clearer strategy for transitioning from emergency to recovery to exit, with gradual scale-downs, would support better sustainability.
- **Shift focus from volume to quality**: Respondents called for stronger emphasis on outcomes and learning, rather than only quantitative reporting.

"It's not realistic to expect the NS to be able to put everything in place in six months, like a full feedback mechanism, and then the surge leaves and then NS is on its own."

8. CEA SOPs and policies (5% of coded responses)

National Societies expressed the need for clearer internal frameworks:

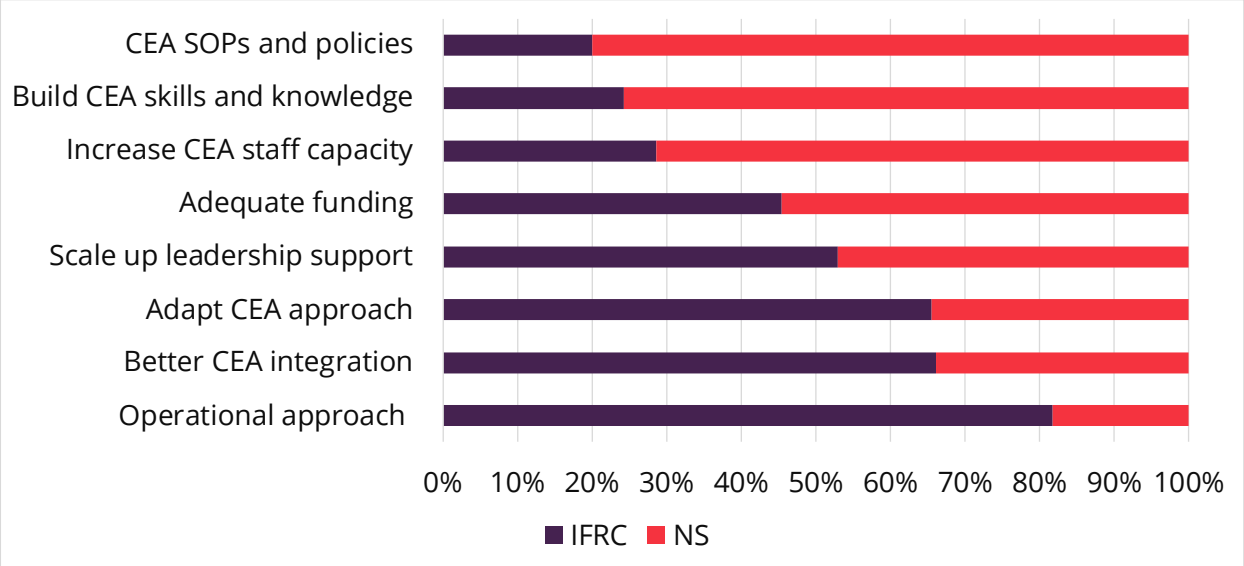
- **Clear approach**: Develop CEA policies or SOPs that define commitments, responsibilities, and expectations. These would support consistency and build understanding and buy-in.

"We need guidance that explains what CEA is, why it matters, and what it looks like in practice."

CEA institutionalisation recommendations – by organisation

Securing adequate funding and greater leadership support was important to both IFRC and National Society staff. However, National Societies emphasised the need for practical resources, including CEA staff, clear internal frameworks, and better organisation-wide understanding and skills. In contrast, IFRC staff focused on system-level changes, including simplifying the CEA approach, integrating it in other sectors, and addressing operational barriers. Simplifying the CEA approach was also the most common recommendation among operations and programme staff.

Distribution of CEA institutionalisation recommendations by organisational type (IFRC/NS)



6. CONCLUSIONS

The conclusions below summarise the evaluation's findings across feedback, participation and institutionalisation. They highlight the progress made, outstanding challenges, and conditions needed for CEA to be valuable and sustainable.

- **CEA was widely valued across the response.**
  Respondents repeatedly described CEA as one of the most useful, visible and impactful aspects of the UIC EA. It was credited with helping to improve understanding, decision-making, and programme quality, making the response more human, relevant and trusted.

- **CEA added the most value when it was treated as a core part of the response.**
  Where CEA was integrated into programme design and operational decision-making, it supported faster adaptation, better risk management and improved quality. Where it was treated as a technical add-on or reporting requirement, its influence was limited. This reinforces that CEA's impact depends on how it is positioned within the operation.

- **CEA progress was highly dependent on leadership and operations management.**
  The extent to which CEA was prioritised often depended on the interest and understanding of operations managers and senior leaders. This personality-driven dynamic creates inconsistency and undermines sustainability, highlighting the need for CEA to be treated as a non-negotiable operational function, rather than a nice-to-have.

- **Community feedback was acted on, but system weaknesses constrained impact.**
  The evaluation identified many examples of feedback leading to programme changes, service adaptations and advocacy, representing a step forward compared to previous responses. However, weak systems for analysis, tracking and follow-up meant much of this work relied on individuals rather than institutional processes. This means some feedback mechanisms are failing to add as much value as they could.

- **Community participation remained limited and largely consultative.**
  Despite strong intentions, participation rarely moved beyond consultation. This reflected gaps in staff capacity, unclear ownership and role, and operational pressures to respond, rather than a lack of interest from staff or communities.

- **The UIC EA strengthened CEA in the region, but gains remain fragile.**
  While the response significantly increased awareness, skills and investment in CEA, declining funding and reduced staff capacity place these gains at risk without continued institutional commitment. If this happens, many National Societies may find themselves rebuilding capacity and systems from scratch when the next crisis occurs.

- **Overall, the evaluation concludes that strengthening CEA is primarily an organisational challenge rather than a technical one.**

7. FIVE CHANGES TO STRENGTHEN CEA IN FUTURE OPERATIONS

This section sets out five strategic changes needed to strengthen community engagement in future emergency operations. They build on the evaluation findings and focus on the system-level conditions required for feedback to be used effectively, participation to be meaningful, and CEA to be sustained beyond an appeal.

These changes will require a collective commitment and collaboration across sectors and levels within IFRC and National Societies. They underscore that strengthening CEA is primarily an organisational challenge, requiring systems, leadership, skills and resourcing to align in support of a shared commitment to accountability as a core component of quality humanitarian action.

SHARED ENABLERS	COMMON BARRIERS	FREQUENT RECOMMENDATIONS
1. Practical, effective tools and methods 2. Knowledge, training and prior understanding 3. Good internal coordination and integration 4. Supportive mindset and culture	1. Unstructured, complicated systems and approach 2. Lack of staff capacity 3. Weak internal coordination 4. Gaps in understanding and skills 5. Limited leadership support and prioritisation	1. Improve systems, approach and tools 2. More trainings and technical support 3. Better internal integration and coordination 4. Sufficient staffing and resources to do the work 5. More active leadership support

5 CHANGES TO STRENGTHEN COMMUNITY ENGAGEMENT IN OPERATIONS
1. Strengthen leadership engagement and support
2. Adopt a clear, simple and structured approach
3. Make community engagement a shared operational responsibility
4. Build knowledge, skills and confidence
5. Allocate adequate resources

CHANGE 1: Strengthen leadership engagement

CEA outcomes across the UIC EA depended heavily on leadership interest and prioritisation. Where leaders at regional, operational, and National Society level actively championed CEA, asked about community insights, and backed this with resources, feedback was used and participation strengthened. Where leadership understanding or commitment was weak, CEA was deprioritised or treated as a compliance exercise, regardless of technical support in place. The need for stronger leadership engagement and support for CEA was also shared in the Internal Operational Review, the Building Trust evaluation, the IFRC CEA Strategy, and CEA Surge Review.

Key actions

- **Strengthen leadership understanding**: Provide clear, compelling evidence on the value of CEA and the risks of weak accountability, tailored to Secretary Generals, Heads of Delegation, and operations managers. This should focus on operational relevance, rather than theory and be an ongoing process. For example, through management meetings, workshops, the community of practice for operational leaders, onboarding, and at the start of operations. *(IFRC regional and global CEA and IFRC regional and global leadership)*
- **Scale up peer-to-peer advocacy**: National Society leadership need to hear from their IFRC leadership counterparts why CEA is important and necessary. IFRC Senior leadership can also play a role in ensuring operations managers understand CEA is a non-negotiable part of IFRC's approach to emergency response. *(IFRC cluster, regional and global leadership and IFRC global and regional Disasters, Climate and Crises (DCC))*
- **Make CEA a condition of IFRC funding:** Building on practices already adopted by some Partner National Societies, IFRC should require basic community engagement standards and activities as part of funding agreements. *(IFRC global leadership)*
- **Lead by example in operations:** Operations managers should routinely ask how community feedback is being used, whether communities have participated in decisions, and if plans reflect people's priorities, to signal that this is critical to the response. This would support commitments in Agenda for Renewal to have community insights reports available within 30 days in large scale emergencies *(IFRC regional and global DCC and IFRC Operations and Appeal managers)*
- **Allocate resources:** If communities are truly at the centre, this needs to be reflected in budgets, staffing decisions, and time allocation. For example, set a recommended minimum budget that should be allocated to CEA in EAs. *(IFRC global leadership and DCC)*

CHANGE 2: Clear, simple and structured approach

CEA was most effective where practical tools, clear processes, and manageable systems were in place. Where approaches felt overly complex, insufficiently contextualised, or unsupported by clear internal standards, CEA became resource-intensive, inconsistent, and difficult to sustain. Strengthening CEA therefore requires simplifying approaches, well defined minimum expectations, and aligning tools and systems with National Society capacity and context. Recommendations to simplify approaches to CEA were also highlighted in the MTR, the DEC British Red Cross Evaluation, the Building Trust evaluation, CEA Strategy and CEA Surge Review.

Key actions

- **Simplify IFRC CEA approach**: IFRC should simplify its approach to CEA and align it with National Society capacity. The focus should be on 'good enough', and reducing the number of minimum actions in emergencies to the essentials. This could involve simplifying and shortening current guidance, tools and training, and investigating how these can be introduced and used in a modular way. *(IFRC global and region CEA, with DCC)*
- **Make participation practical**: Develop and test practical methods for enabling community participation, focusing on branches and volunteers. Use this learning to develop clear, step-by-step, guidance and tools with practical examples to support IFRC and National Societies to move beyond consultation. This should include realistic expectations about what level of participation is feasible at different stages of a response and build on good practices from the UIC EA, such as the recruitment of Ukrainian staff and volunteers. *(IFRC regional and global CEA, with DCC and National Societies)*
- **Adapt CEA surge approaches**: Share learning from the UIC EA with the pool of operations managers and CEA surge roster to build on good practices and avoid repeating mistakes. *(IFRC CEA and DCC global)*
- **National Societies define their approach to CEA**: National Societies should develop CEA policies, standards, or SOPs to define their own commitments, responsibilities, and expectations for CEA. This would support National Societies to adopt a more consistent approach to CEA and build internal understanding and buy-in. This includes adapting CEA guidance, tools and training to their own context. This could be supported through CEA organisational self-assessments and integrating CEA in broader transformational change processes, such as PER, OCAC, BOCA and NSD plans and strategies. *(National Society CEA and IFRC region CEA, DCC and NSD)*
- **Strengthen feedback data systems**: Identify the most cost-effective, user-friendly systems to log, track and analyse feedback from multiple sources and provide clear options and support to National Societies to adopt the most appropriate and sustainable system for their needs. *(IFRC CEA, DT, IM, IT and PMER with National Societies)*

CHANGE 3: A shared operational responsibility

CEA must shift from being perceived as a specialist or cross-cutting add-on to a core operational responsibility, clearly owned across programmes, operations, and leadership. Across the response, CEA was most effective where roles and responsibilities were clear and programmes took ownership. Where CEA was "outsourced" to specialists, participation and use of feedback remained more limited. Recommendations to adopt a more integrated approach to CEA were also made in the Internal Operational Review, the MTR, the Building Trust and DEC British Red Cross evaluations, and the CEA Strategy and Surge Review.

Key actions

- **Integrate CEA into operational processes**: Integrate minimum community engagement requirements and steps into IFRC operational processes, tools and templates so it becomes a standard part of emergency operations, similar to finance or PMER, rather than reliant on the interest or understanding of individual operations managers. This could include agreeing mandatory CEA activities for all operations, for example having a basic feedback mechanism as standard. *(IFRC DCC global, with CEA global)*
- **Better collaboration**: Create structured spaces for joint planning, sense-making and decision-making within operations so that feedback and participation inform realistic, feasible programme adjustments. Co-developing recommendations improves relevance, ownership and follow-through. *(IFRC DCC and CEA global and region)*
- **Clarify roles and responsibilities:** Greater responsibility for participation and acting on feedback should sit with programmes and operations staff, with CEA in a supportive, advisory role. Responsibilities and expectations should be written into job descriptions. *(IFRC DCC and CEA global and region)*
- **Collective approach to community data**: Needs assessments, monitoring and feedback data should be better integrated and viewed as a single evidence base rather than separate processes. Clarify roles and responsibilities between IM, PMER, CEA and operations/programmes – including where each can best add value to the process. *(IFRC IM, CEA, PMER, operations global and region)*
- **Improve coordination of cross-cutting functions**: Introduce CEA, PGI and IM in a more combined and coordinated way to National Societies in emergencies, to reduce burden and confusion. *(IFRC CEA, PGI and IM global and region)*

CHANGE 4: Build knowledge skills and confidence

Skills, knowledge, and confidence were decisive factors in whether CEA moved beyond intent into practice. Where staff and managers had prior exposure to CEA or received targeted, practical support, feedback was better managed and participation more meaningful. Where understanding was limited, CEA was seen as complex or abstract, leading it to be deprioritised in favour of more familiar activities. The need to strengthen CEA capacity was also highlighted in the MTR, Building Trust evaluation, CEA Strategy and Surge Review.

Key actions

- **Strengthen CEA capacity National Society-wide:** Address gaps in CEA understanding and knowledge within National Societies, including branches, through short, tailored CEA trainings and briefings with a focus on building branch-level capacity. *(National Society CEA)*
- **Pre-disaster capacity strengthening:** The greatest gains in the quality of CEA in operations will come from investing in National Society capacity before crises occur. This includes developing their skills and confidence to manage feedback and implement participatory approaches. *(IFRC leadership and CEA region)*
- **Ensure IFRC CEA technical support:** National Societies expressed clear demand and need for continued CEA technical support and accompaniment from IFRC, including to continue the process of institutionalising CEA. The IFRC Regional Office needs to ensure it maintains the CEA staff resource needed to provide this support. *(IFRC leadership region)*
- **Modify training approaches:** IFRC should adapt its approach to delivering CEA trainings to National Societies in emergencies to respond to the preference for short, simple, task-based trainings and briefings. *(IFRC CEA region and global)*
- **Scale up peer learning:** Given the challenging funding climate, investment in peer learning networks would help ensure National Societies can access support and advice when needed. *(IFRC CEA region and global)*
- **All staff need CEA skills:** IFRC needs to strengthen the skills of all its technical and operations staff to manage feedback and implement participatory approaches, not just those working on CEA. For example, by integrating CEA in other operational management and sector trainings. *(IFRC DCC and CEA global and region)*

CHANGE 5: Allocate adequate resources

CEA cannot be sustained without dedicated capacity and predictable funding. Where dedicated CEA roles existed, feedback systems functioned, analysis was produced, and institutionalisation progressed. Where capacity was reduced or roles combined unrealistically, momentum stalled and CEA quickly declined, reinforcing that accountability cannot be maintained without sustained human and financial investment. The need to provide reliable and sustainable resources for CEA was also raised in the Internal Operational Review, the MTR, the Building Trust and ECHO PPP evaluations, and the CEA Strategy.

Key actions

- **Dedicated CEA capacity:** The majority of National Society respondents felt a dedicated CEA position would strengthen implementation and institutionalisation. This position could be tied to programme quality and funded across multiple projects as a shared resource. *(National Society leadership)*
- **If dedicated CEA capacity is not realistic:** CEA responsibilities should be allocated to different staff roles and written into job descriptions. Where CEA is combined with other roles, it is important to set clear, manageable priorities. *(National Society leadership)*
- **Integrate CEA in core plans and budgets:** Write CEA into annual plans and major funding proposals to ensure it is funded, tied to project deliverables, and measured. *(National Society and IFRC leadership, CEA and programmes)*
- **Allocate adequate funding and staff time:** The time and funding required to implement CEA needs to be recognised and allocated. For example, to manage a feedback mechanism and analyse data, set up community FGDs, and roll out CEA trainings to branches. *(National Society leadership)*
- **Institutionalisation needs sustained support:** Institutionalising CEA is an NSD process and as such requires sustained support and investment. IFRC needs to be put in place sufficient human and financial resources to support National Societies through this process. *(IFRC leadership and CEA region)*

ANNEX 1: EVALUATION MATRIX

EVALUATION THEME	SUB-QUESTIONS	CRITERIA	DATA SOURCES	DATA COLLECTION & ANALYSIS METHODS
Use of community feedback to inform programme design	-How was feedback collected, analysed, and shared? *(see section 3.1)* -To what extent was feedback used to adjust programmes and inform decision-making? *(see section 3.3)* -Where did breaks occur in the feedback chain and why? *(see section 3.4)* -What were the main barriers to feedback being used? *(see section 3.4)* -What examples exist of feedback leading to programme change? *(see section 3.3 and Annex 4)* -Did community members know how to provide feedback? *(see sections 3.2 & 3.4)* -Did they receive a response and was their feedback acted on? (*see sections 3.1, 3.3 and 3.4)* -How could feedback mechanisms be improved in future operations? *(see sections 3.5, 3.6 and 7)*	Effectiveness Relevance Accountability Learning	- Literature review (operational documents, CEA reports and case studies, monitoring data) - Remote and in-person process mapping workshops (NS, IFRC and PNS staff) - Remote and in-person KIIs (NS staff, IFRC, PNS) - FGDs (NS branch staff and volunteers and community members)	- Document review coded in Atlas.ti - Process mapping (Miro/Paper/Excel) - Semi-structured interviews coded in Atals.ti - FGDs with branch staff and volunteers and community coded in Atlas.ti

Understanding and Implementing Meaningful Participation	- How was participation understood by staff within the response? *(see section 4.1)* - What participatory approaches were used? *(see section 4.1)* - What were the enablers and barriers to participation? *(see sections 4.2 and 4.3)* - How could participation be improved in future operations? *(see sections 4.4 and 7.)* - Were communities aware of services, including their right to participate and provide feedback? *(see sections 4.1, 4.2 and 4.3)* - How did communities participate and were they satisfied with the level of involvement? *(see section 4.1 and 4.3)* - How did participation differ across contexts (e.g. urban vs rural, displacement vs host communities)? *(see sections 4.1 and 4.3)*	Accountability Relevance Coverage Learning	- Literature review (CEA strategies, case studies, assessments) - Remote and in-person participation force field analysis workshops (NS and IFRC staff) - KIIs (NS staff, IFRC, PNS) - FGDs (community members, volunteers)	- Document review coded in Atlas.ti - Force field analysis (Excel coding by enablers/barriers/causes/effects/solutions) - Semi-structured interviews coded in Atlas.ti - FGDs with community and branch staff and volunteers coded in Atlas.ti

Institutionalization and Sustainability of CEA in National Societies	- What approaches were used to institutionalise CEA in National Societies? *(see sections 5.1 and 5.2)* - Which approaches/support were most effective in institutionalising CEA? *(see section 5.2)* - What were the enablers and barriers to CEA institutionalisation? *(see sections 5.2 and 5.3)* - Are feedback mechanisms and other CEA approaches likely to be sustained post-operation? *(see sections 3.4, 3.6, 5.1, 5.2 and 5.3)* - How can operations better support National Societies to institutionalise CEA and make it sustainable? *(see sections 5.4 and 7)*	Sustainability Coherence Efficiency	- Literature review (NS strategies, reports, CEA monitoring data) - Remote and in-person institutionalisation force field analysis workshops (NS staff and IFRC CEA staff) - Remote and in-person KIIs (leadership, NS focal points, IFRC staff)	- Document review coded in Atlas.ti - Force field analysis (Excel coding by enablers/barriers/solutions) - Semi-structured interviews coded in Atlas.ti

ANNEX 2: LITERATURE REVIEWED

MGR65002 Appeal Documents

- Operation Strategy, March 2022
- Operational Intention, March 2022
- Revised Operation Strategy, May 2022
- Revised Operational Strategy, June 2022
- Winterization Assistance Plan, October 2022
- Internal Operational Review: IFRC's Response to the Ukraine and Impacted Countries Crisis, March 2023
- Revised Emergency Appeal May 2023
- Updated PMER Framework, May 2023
- Sector strategies for CEA, CVA, Health and Care, Shelter, NSD, PGI, MHPSS, Migration, IM.
- Two years report, February 2024 (Operation Update nº10)
- Operation Update #9, January 2024
- Operation Update #11, June 2024
- Mid-Term Review, October 2024
- Three years report, February 2025

National Society 2023 Country Response Plans

- Belarus, Bulgaria, Croatia, Estonia, Georgia, Greece, Hungary, Latvia, Lithuania, Moldova, Montenegro, North Macedonia, Poland, Romania, Russia, Slovakia and Türkiye.

Operational Case Studies, Research and Reports

- Hungarian Red Cross Multisectoral needs analysis, Round 1, June 2022
- Teresa Hanley, CEA Coordinator handover report, June 2022
- Review of CEA approaches for CVA programming in Ukraine responses, Final Report, July 2022
- Feedback Report, Poland Red Cross, July 2022
- Humanitarian gap, IFRC, Moldova office and Moldova Red Cross, post-distribution monitoring, May 2023
- Cash assistance for refugees with non-communicable diseases in Slovakia – Lessons Learnt Report, 2023
- Cash assistance for refugees with non-communicable diseases in Slovakia – Post Distribution Monitoring Report, 2023

- Navigating New Grounds – The Psychological Consequences of Displacement, December 2023
- Ukrainian Associations in Türkiye, Capacity Development Report, 2023
- Safe Homes Case Studies, 2023
- Beneficiary satisfaction report, Turkish Red Crescent, January 2024
- A pathway to integration: Perception study with migrants, refugees, and host communities in Bulgaria and Montenegro, April 2024
- Community Engagement and Accountability Report, Hungarian Red Cross, December 2024
- Integration of Protection, Gender, and Inclusion and Safeguarding - Lessons Learned From The Ukraine And Impacted Countries Operation, IFRC, 2024
- An overview of CEA Approaches in Cash and Voucher Assistance within the Ukraine and impacted countries response, IFRC, 2024
- Hellenic Red Cross research into the psychological support needs of people displaced from Ukraine, 2024
- CVA, Lessons learned workshop report, Budapest 2024
- An Act of Care, Community Engagement and Accountability in Cash and Voucher Assistance supporting people displaced from Ukraine, 2024
- Beneficiary satisfaction report, Turkish Red Crescent, January 2025
- Slovak Red Cross - Assessment-Driven Transformation, June 2025
- Draft Slovakia Red Cross CEA baseline report, August 2025
- Cash for Health Programme Case Study, Bulgarian Red Cross, October 2025
- Greenline Case Study, Bulgarian Red Cross, October 2025
- DEC phase 2b Ukraine Humanitarian Appeal Final Evaluation, British Red Cross, 2025
- IFRC CEA Europe Newsletters (all)
- IFRC Europe Region Feedback Presentations (all)
- Roma Study Briefing case note
- Netherlands Red Cross 510 Case Studies (online) – 1) Helpdesk Hungary, 2) DEH, and 3) Social Media Listening
- Post-Distribution Monitoring Report: Cash for Health Assistance for Displaced Ukrainians in Romania,
- Post-Distribution Monitoring Report: Multi-Purpose Cash Assistance for Displaced Ukrainians in Romania, The Romanian Red Cross, British Red Cross and IFRC
- Post-Distribution Monitoring Report: Social Vouchers for Vulnerable Romanians, The Romanian Red Cross, British Red Cross and IFRC
- CEA in CVA checklist (CEA Tool 24)
- Tip sheet on CEA in CVA

Evaluations and Reports outside of the UIC EA

- Relocated and Resettled Persons Report, 2019
- Powerful Participation: Research from the AVAIL Project, 2019
- IFRC Global CEA Strategy, 2023 -2025
- Impact Evaluation Case Study, Georgia, 2023
- Netherlands Red Cross – Self Assessment and Action Planning toward CEA Minimum Commitments, 2023
- IFRC Building Trust Project Evaluation, Part 2 & 3, 2024
- IFRC Integration and Inclusion Framework – Europe and Central Asia, May 2024
- IFRC CEA Surge Review, 2024
- Suggestion Boxes Case Study, Hellenic Red Cross, January 2025
- DG ECHO-IFRC Pilot Programmatic Partnership Final Evaluation, IFRC, December 2025
- Meaningful Participation of Migrants: From Words to Action, Discussion Paper

ANNEX 3: KEY INFORMANT QUESTIONS

GENERAL
1. What was your role in the response? When were you involved?
2. What is your overall impression of CEA in the Ukraine and Impacted Countries response?
FEEDBACK
3. Tell me about your organisation's feedback mechanism OR 4. How did you interact with community feedback in your role?
5. What worked well with community feedback?
6. What were the biggest challenges with feedback?
7. How was feedback used in the response? Was it acted on? If not, why not?
8. Examples of feedback leading to changes?
9. What changes would make it easier for IFRC or NS staff to act on feedback?
10. Are NS feedback mechanisms likely to be sustained after the operation ends? If not, why not? Any suggestions for how they could have been made more sustainable?
PARTICIPATION
11. What do you think is meant by meaningful participation? Do people have a shared understanding? Who is responsible?
12. Did communities participate in the response? How? When? On what issues?
13. What enabled community participation?
14. What prevented community participation? Why?
15. How could we improve community participation in future responses?
INSTITUTIONALISATION OF CEA
16. How did the response support NS to institutionalise CEA and make it sustainable? What worked well? Why?
17. What were the main challenges or barriers to institutionalising CEA and make it sustainable? Causes? What support was least effective? Why?
18. How can IFRC and partners better support NS to institutionalise CEA and make it sustainable through emergency operations?

ANNEX 4: FULL LIST OF CHANGES AS A RESULT OF COMMUNITY FEEDBACK

Programme adjustments

This included making changes to existing programmes and activities to respond to issues raised through feedback, to make services more effective and accessible for communities. Examples include:

Changes to the type of support provided

- **Bulgaria Red Cross** modified food parcels to reflect Ukrainian grain preferences and adjusted hygiene kits to include more washing powder when they received feedback that this was the most useful item.
- **Lithuania Red Cross** redesigned the content of their MHPSS programme based on feedback from communities, including shifting from generic PSS activities to more targeted parenting groups, youth-focused sessions and women's groups, which increased participation significantly.

Changes to the way support is provided

- **IFRC CVA teams** continually monitored user experiences of the AccessRC application. An early improvement including changing the fraud-prevention 'liveness checks' when this made the app difficult to use for people with disabilities.
- **Romania Red Cross** introduced mobile units for CVA following feedback that those far from the capital were struggling to access their cash and **Bulgaria Red Cross** delivered codes in person when some recipients reported they did not have smartphones.
- **Latvia Red Cross** responded to requests for more one-to-one psychology sessions by sourcing funding for this and adding it to the mix of MHPSS support options.
- **Hellenic Red Cross** introduced online Greek lessons alongside face to face sessions, when FGDs highlighted that many Ukrainians struggled to pay for travel downtown to the office.
- **Lithuania, Latvia and Polish Red Cross** all introduced registration systems for distributions to respond to complaints about confusion and long queues when trying to access support.
- **Bulgaria, Poland and Romania Red Cross** reported making many changes to the way language classes were delivered in response to community feedback, including changing schedules, content, teaching approaches, and adding activities

for children such as art therapy classes so mothers could focus fully during language classes.

- **IFRC's shelter programme** was revised to include assistance for hosts utility bills and identify other types of support when feedback indicated people wanted to move on from living with host families.

Changes to timelines

- **Bulgaria Red Cross** added afternoon distributions as well as morning and weekend information sessions to increase accessibility for people.
- **IFRC** expedited its winterization shipments to Ukraine when community data and other sources indicated protests at the Polish border would likely shift and lead to full border closure, demonstrating strong cross-sectoral collaboration between humanitarian diplomacy, CEA, risk, logistics, operations teams.

Changes to who receives support

- **Hungarian Red Cross** made changes to its targeting criteria following FGDs with communities that identified new vulnerabilities.
- **Bulgaria Red Cross** expanded the criteria for cash for health support to also include community priorities such as health insurance, surgeries, and medical equipment including glasses.

Informing new programmes and services

Feedback was also used to identify new areas of support and inform the design of new programmes and services. Examples include:

- **Response-wide shift to sector-specific cash**: When community feedback and monitoring showed people's needs were becoming more complex, it informed a shift in the response from multipurpose cash to more targeted support including cash for health, protection, shelter and education. For example, secondary data led to a cash for protection programme for Romany communities in Hungary. Slovakia, Bulgaria, Georgia, and Polish Red Cross all trialled cash for health, while Lithuania Red Cross said community feedback directly informed their cash support for school expenses programme.
- **Inclusion of host communities**: The response also shifted to include host communities in CVA support when feedback data showed growing resentment within host populations towards the level of support received by Ukrainians.
- **New services**: Bulgaria Red Cross introduced soup kitchens to provide hot meals alongside food parcels following requests from communities. Romania Red Cross introduced community concept stores where people could choose what they needed rather than receive a set kit. Polish Red Cross introduced an internal

grants mechanisms where branches could apply for funds to address new needs identified through FGDs with communities.

- **Informing programme design**: IFRC operations staff used community data on people's plans and opinions to design rental assistance support. Slovakia Red Cross explained using feedback from previous programmes to design new programmes, including making decisions about eligibility criteria and timelines. Latvia Red Cross said community feedback provides a *"bank of ideas"* which they use to identify suitable new areas of support.

Case management

While a significant amount of feedback related to helping people to resolve individual issues, for example with app registration or accessing CVA codes, this information was still used by the response to make improvements. For example, addressing exclusion errors and identifying and fixing issues with Red Rose inclusion messages.

Advocacy

Feedback was also used to strengthen advocacy with donors, Governments and partners. Examples include:

- **Humanitarian Diplomacy** included community feedback in the quarterly Impact Forecasts which were used to advocate to the EU and member states on emerging risks and needs and the impact of changes to temporary protection status policies and support.
- **Slovakia Red Cross** used feedback to advocate to donors to widen the eligibility for livelihoods support to other people in vulnerable situations.
- **Bulgaria Red Cross** used the results of a perception survey to successfully advocate for services to be expanded to include non-Ukrainian refugees.
- **In Poland, IFRC** used feedback on employment needs, qualification certification, and access to education, to prepare a report which could be used for advocacy with Government ministries.
- **Internally within IFRC**, respondents also reported using community feedback in reporting, at Red Cross Red Crescent statutory meetings, and in talking points for senior leadership at external high level meetings and forums.

To understand needs and context

Community feedback was also used to understand changes in needs, risks, priorities, and perceptions. Examples include:

- **An IFRC shelter manager** discussed using feedback to gauge if hosting families were still open to having people in their homes, or if new approaches to shelter support would be needed.
- **Helping to identify growing tension and misinformation** towards displaced people from Ukraine. As one respondent explained, feedback was a useful early warning tool as, *"problems in one country alerted us this could become an issue in other countries, so giving us time to prepare".*

Inform strategy

Several respondents said feedback was also used at a more strategic level to guide the direction of the response and reprioritise funding. Examples include:

- **Lithuania Red Cross** explained how daily interactions with affected people helped them recognise that elderly people were most at risk, which led to a greater focus on integration and livelihoods within their operational approach.
- **As part of a regional planning exercise**, operations, CEA, PGI, and migration used community data to create ten user profiles with different support needs. These profiles were used to help shape the regional operational approach.
- **Using community feedback to inform the 'gaps in the response' section** of the third operational strategy, which activities then needed to align with.
- The **Integration and Inclusion Framework** was shaped by trends in feedback and needs identified through UIC EA feedback mechanisms and analysis.

Improve information shared

The information shared with people was also informed by the questions and concerns they raised. Examples include:

- **Updating helpline FAQs and including videos and screenshots** on how to register through the AccessRC app to address common challenges experienced by people during self-registration
- **Introducing a status tracker to the AccessRC app**, based on feedback from the helplines that one of the top three reasons people called was to ask about the status of their application.
- **Renaming MHPSS activities** when feedback from FGDs and KIIs showed that Ukrainians were reluctant to join activities labelled as 'mental health' or 'psychosocial'. Reframing of MHPSS in this way was implemented across 28 National Societies and significantly increased participation.
- **Responding to protection concerns** identified through social medial listening by intervening with Red Cross safety messages and warnings.

Escalate and refer

Respondents also shared examples of using feedback to make referrals to other organisation or escalate issues to higher levels for resolution. One example included asking IFRC regional logistics to reduce the weight of food parcels when feedback was received that they were too heavy to carry.