

# A guide on how to measure community engagement and accountability impacts in humanitarian settings

*Guidance for national and local actors*  
*April 2025 —*

## Acknowledgements

Thank you to all the community engagement and accountability practitioners, especially at the local level, who have informed and created the source documents for this guidance. Thank you to all the participants and researchers involved with the PULSE Study, who shaped and commissioned this guidance.

**Author:** Vivienne Walz. Main contributors: Karl Blanchet, Ombretta Baggio, Gefra Fulane, Rose Burns, Lasha Gogvadze, Monica Posada, Vincent Turmine.

This project was supported by the UK Humanitarian Innovation Hub (UKHIH) and funded by UK International Development.

This report represents the views of the authors, which are not necessarily those held by UKHIH, Elrha or the Foreign, Commonwealth and Development Office (FCDO).

# Contents

About this Guidance	05
What Impacts Are We Measuring?	
Introduction to the Community Engagement and Accountability Impact Framework	09
Planning your Impact Measurement	15
Part 1: What do you want to measure, and why?	16
Part 2: Design your impact measurement	20
Part 3: Measure the impacts	34
Part 4: Use your impact measurement results	38
Annexes	43
Annex 1: Further resources and references	45
Annex 2: Glossary of terms	51
Annex 3: Community Engagement and Accountability Impact Framework	68
Annex 4: The Community Engagement and Accountability Impact Measurement Worksheet	70
Annex 5: Community Engagement and Accountability Indicators Menu	
Annex 6: PULSE Study tool - Citizen ethnography example	98

# About This Guidance —

## About this Guidance

### What is this guidance and why was it created?

This guidance has been developed for local humanitarian actors and organisations, to support rapid measurement of the transformative impacts and long-term contributions of community engagement and accountability programmes in humanitarian and public health crisis responses. It is a collective and public good. Use it when:

- You need to **tell the story of the impacts** of community engagement and accountability to funders, community or leadership (share success stories and show accountability)
- You want to **use evidence to promote greater investments** in community engagement and accountability and to focus interventions towards impacts
- You need **support for future projects and funding proposals** (data-informed decisions)
- You are planning your programme from the beginning with its end results (outcomes) in mind, and would like to **make the connections between activities and impacts clearer**
- You would like a **structured approach to measure how and to what extent community engagement and accountability activities contribute to observed impacts**
  - › For your programme's learning and improvement (building on strengths)
  - › To motivate community members, volunteers and staff
  - › To build trust with communities, donors and staff
  - › To highlight impacts of community engagement accountability on public health outcomes (e.g. disease prevention and health system strengthening)

This document complements existing evaluation processes and documents, which concern systematic and comprehensive monitoring and evaluation. The scope of this guidance focuses on rapid impact measurement of community engagement and accountability. Broader impact and program evaluation is covered in the references section, and by monitoring, evaluation and learning teams.

This is a reference document for rapid measurement of community engagement contributions to humanitarian impacts. It is not intended as broad guidance for monitoring and evaluation, but rather a practical and adaptable tool to effectively measure the impacts of community engagement. The tool is meant to be used by local organizations practicing community engagement, to assess the impacts of their activities in different contexts, in a systematic way.

This guidance was based on and created to support the use of the Community Engagement and Accountability Impact Framework, which provides us with common language to identify, categorise and measure community engagement impacts.

This draft guidance is part of a community consensus-building process between humanitarian partners. It aims to support connections towards a collective movement towards integrating impact measurement in community engagement programmes.

**Community engagement and accountability** is a transparent and participatory way of working that includes the community and makes programmes and operations better. This way of working is guided by community needs, priorities and preferences, and ensures community members are equal partners by recognizing and valuing them. It includes transparent, appropriate and accessible communication around planning, expectations and ways to participate as well as mechanisms to listen to and act on feedback. We use this term, since it reflects the intersecting concepts of community engagement, accountability to affected populations, risk communication, and participation, among others.

By **community**, we mean the group of people affected by our activities, programmes or operations. It includes people who receive our support, and those who don't. A community is by its nature made up of diverse groups with different needs, capacities and risks. We acknowledge that the term “community” will not reflect the diversity and richness of each and every community member, and that programmes need to continue to document and describe diversity within communities. Community can be defined in several ways, including by place (geographically), shared characteristics, such as age, or gender, shared experiences of inclusion or marginalization, such as disability status, or role, such as community leader.

Use this guidance when:

- 1. **Planning or designing a programme**, as a theory of change to identify what impact we wish to achieve, select appropriate community engagement activities and plan how we will measure them
- 2. **In an ongoing programme**, to measure impacts, identify gaps, collect lessons learned and course-correct interventions

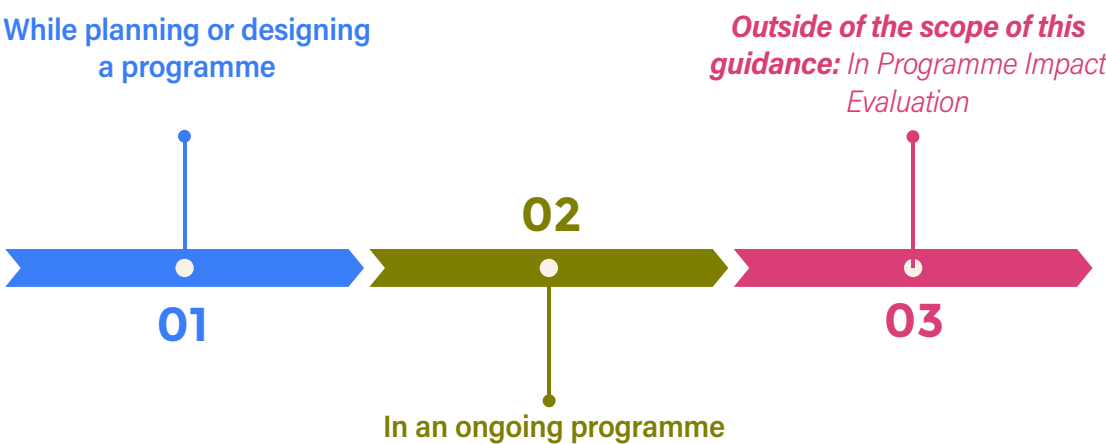


Figure 1: Timeline to use this guidance

Programme impact evaluation helps to strengthen our theory of change, analyse results of the Most Significant Change method, and includes process evaluations with a realist approach.

Note that at all stages, depending on the complexity of your program and the questions you would like to answer through impact measurement, we encourage you to work with your peers from monitoring and evaluation departments or teams.

- If you are planning community engagement as part of a programme: use this guidance to build your impact measurement plan, which may include a context analysis, baseline measurement, theory of change development, a process evaluation and summative results.
- If you are already implementing community engagement as part of a programme: use this guidance to create, adjust or support your impact measurement plan, collect lessons learned and develop or test your theory of change.
- If you are at the end of your community engagement: use this guidance to measure impacts retrospectively, and support impact and process evaluation in connection with monitoring and evaluation colleagues.

## How was the guidance developed?

This guidance is part of the **PULSE Project: Real Time Evaluation of Community Engagement for Vaccine Delivery in Humanitarian Settings** (<https://humanitarianstudies.ch/pulse/>), a partnership between the Geneva Centre of Humanitarian Studies, University of Geneva (UNIGE), the London School of Hygiene and Tropical Medicine (LSHTM), the International Federation of Red Cross and Red Crescent Societies (IFRC), Nigerian Red Cross, Ethiopian Red Cross, ChildCare & Wellness Clinics, and Addis Ababa University.

This guidance was developed based on a consultation with critical humanitarian and health stakeholders from WHO, IOM, OCHA, UNICEF and IFRC, hosted by the University of Geneva. The guidance is based on a thorough review of existing guidance and material, including the results of the PULSE study in two countries [citations: implementation paper, manuscript], the IFRC’s impact research in five countries, the IFRC’s Community Engagement and Accountability Impact Framework, and the ground experience of National Red Cross and Red Crescent Societies. The table below gives an overview of how key documents contributed to this guidance. For a list of all sources consulted, please see the references section

This first version will be updated in late 2025 with further examples, and adapted based on field experience.

Document Name & Link	Contribution
Document Name & Link	Contribution
PULSE Project: Real Time Evaluation of Community Engagement for Vaccine Delivery in Humanitarian Settings	<p>Theory of change and realist approach example</p> <p>Research and evaluation methods (interviews, causal loop diagrams, citizen ethnography)</p> <p>Examples of context</p> <p>Inventory of community engagement tools</p>
IFRC Community Engagement and Accountability Impact Framework	<p>Framework naming and defining Community Engagement and Accountability impacts and outcomes</p> <p>Indicators annex for outcomes</p>
Red Cross Red Crescent Community Engagement and Accountability (CEA) Guide	Community engagement definitions, commitments, process and outcome indicators
IFRC Evaluation Framework	Guidance on comprehensive and systematic programme evaluation, to answer a broad range of evaluation questions. Includes indicators and methods.
IFRC Feedback Kit	Community feedback mechanism and feedback cycle guidance, from designing and setting up the mechanism, to closing the loop with communities
Collective Service Social Science Training Toolkit	Training modules and sessions on localizing research, social science methods (including planning, data collection and analysis).
Interagency Standing Committee: Strengthening Accountability to Affected People	Collective Accountability to Affected People (AAP) Framework, including processes, outcomes and actions that ensure high quality, impactful and inclusive community engagement and accountability programmes.
Core Humanitarian Standards (CHS Alliance)	Commitments to people affected by crises, that correspond with community engagement and accountability and guide the way interventions are put in place in an ethical, inclusive and high-quality way, so that they have a positive impact and do not harm communities.
IFRC Impact Research	Impact Framework case studies, examples and cross-analysis results
WHO competency framework, risk communication and community engagement: For stronger and more inclusive health emergency programmes	Competencies for programmes implementing community engagement and accountability communication activities, to ensure high-quality, values-based and ethical implementation of programmes, so they can be impactful.

Table 1: Key resources

# What Impacts Are We Measuring?

## Introduction to the Community Engagement and Accountability Impact Framework

The Impact Framework’s purpose is to understand the transformative impacts of community engagement and accountability approaches within different operations, programmes and people’s lives.

The Framework comes out of the Impact Research project, which looked at community engagement and accountability activities’ contributions to Covid-19, Ebola and Cholera public health emergency responses. The Building Trust Programme (2021-2023) led to the need to have a way to measure impacts of community engagement approaches and interventions. In 2022-23, Impact Research was conducted in five countries: Guinea, Malawi, Indonesia, Guatemala and Georgia. The Impact Framework was developed based on consultations with Georgetown University, CHS Alliance, and UNICEF and its testing in the PULSE project. Currently an Impact tool is being developed, with indicators and questions bank for the framework.

The Impact Research identified six key characteristics of impactful community engagement and accountability:

1. Active community participation: Engaging communities early and continuously increased trust and improved health behaviours.
2. Empowerment and ownership: Community-led decision making led to improved public health outcomes and stronger response efforts.
3. Inclusion and accessibility: Addressing linguistic, cultural and geographic barriers ensured broader participation and engagement.
4. Two-way communication: Establishing feedback mechanisms reduced misinformation and helped adapt response strategies.
5. Localization and adaptability: Tailoring CEA approaches to local contexts enhanced effectiveness and sustainability.
6. Coordination with local leaders: Leveraging existing networks strengthened approaches and boosted credibility.

In this guidance, we will use the Community Engagement and Accountability Impact Framework to understand how activities can lead to humanitarian impacts, and the steps along the way. This approach was modelled by the PULSE Study to develop a realist-informed theory of change.

While some may believe that random control trials (RCTs) with a control group is the best way to measure impact, this is not always ethically viable, practical or feasible in humanitarian settings. However by applying theory-driven approaches, like realist evaluation, we can build an evidence base by connecting activities with outputs and outcomes, which are early and visible signs of longer-term outcomes and impacts. We can use a good set of indicators with a theory of change to measure impacts.

# Description of the Community Engagement and Accountability Impact Framework

Community Engagement and Accountability activities take place as part of a programme that is aiming to have a **broadier impact on a humanitarian goal or situation**. These goals, in the case of the IFRC, are that people anticipate, respond to and quickly recover from crises; that people lead safe, healthy and dignified lives and have opportunities to thrive; and that people mobilise for inclusive and peaceful communities. When successfully implemented in their contexts, community engagement and accountability activities create a cascade of outputs, results and outcomes that contribute to impacts. Note that not all elements of impact will be noticeable with every intervention. Community engagement and accountability activities are broad, and impacts are context-dependent, so some activities will only trigger certain pathways.

**Community engagement and accountability activities**, when carried out with high quality and adapted to the community’s context, create these immediate results that create a change or action at the individual level within the community members, staff and organizations that participated in the activities. These **short-term changes** are:

- Raised awareness and interest
- Strengthened knowledge and skills
- Misinformation and misconceptions addressed
- Raised community needs and suggestions
- Understanding of social context
- Analysis of social behaviours
- Supported local initiatives
- Enhanced community participation
- Supported local decisions
- Promotion of equity and inclusion
- Advocacy on communities’ behalf
- Issues from community addressed by programmes

These immediate results (outputs or short-term changes) then lead to intermediate results, where at the community level we see:

- Strengthened community capacities: Community’s capacity to respond rapidly and effectively to changing circumstances is enhanced by improved awareness, knowledge and skills
- More relevant and appropriate responses: Response appropriateness is enhanced by improved participation, understanding of community needs
- More inclusive engagement: ensuring that diverse vulnerable groups are engaged in decision-making processes at community leve

- Strengthened community systems: reinforced exiting community capacities, mechanisms and systems

These community-level intermediate results then lead to **outcomes that are transfor-mational**. These outcomes contribute to long-term impacts by reshaping community dy-namics, strengthening trust, improving response effectiveness and fostering more resilient health systems. They are:

- Safe and protective behaviours
- Community cohesion
- Community-led action
- Trust action
- Efficient response

**These outcomes contribute to enabling and strengthening contributions towards the broader humanitarian impacts.**

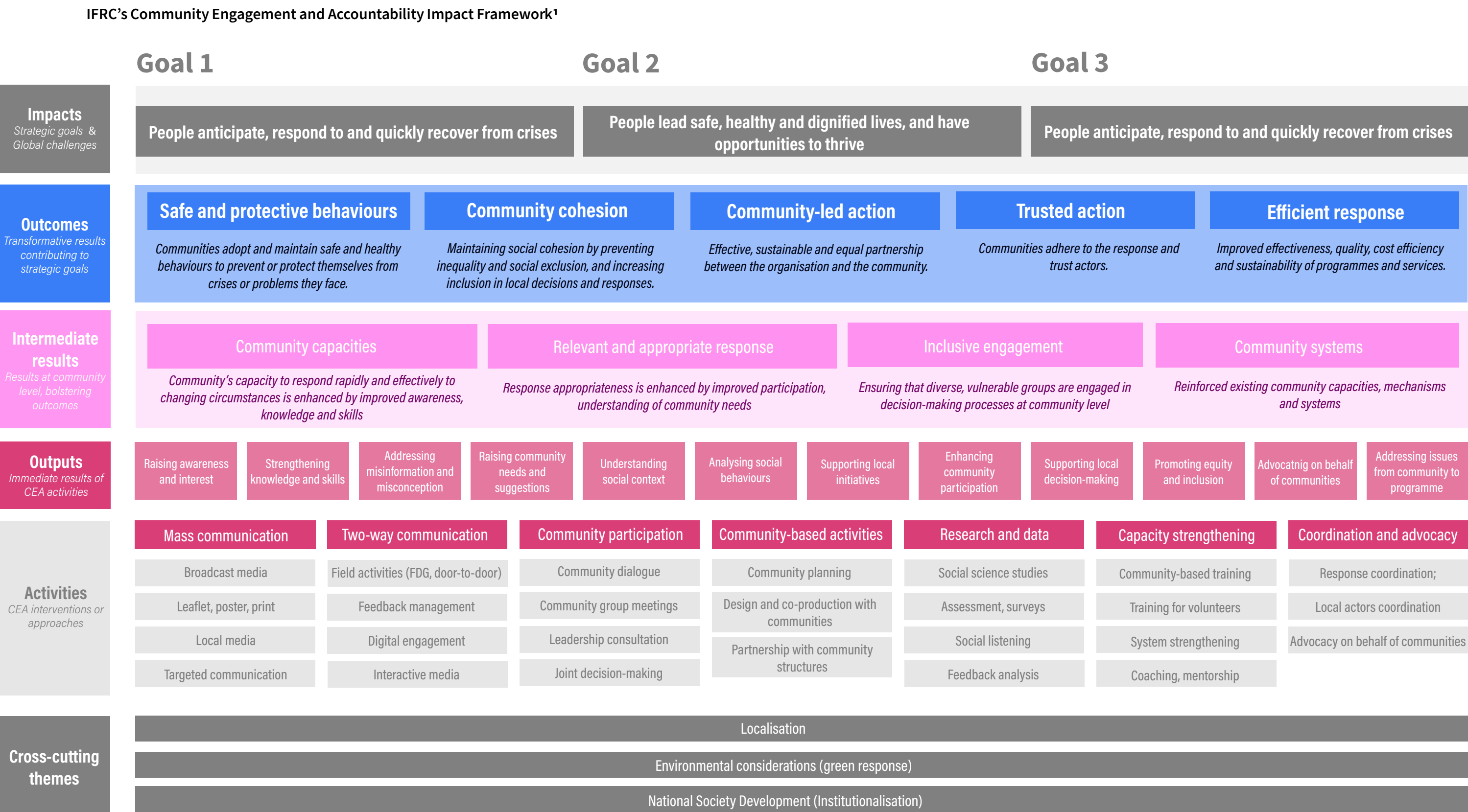
This guidance builds on the knowledge that when community engagement activities are implemented well, they contribute to improved community resilience, inclusion, trust, and program effectiveness, which contributes to the overall success of a humanitarian programme. The IFRC CEA Impact Framework outlines how community engagement ac-tivities contribute to specific outcomes — such as enhancing community participation, strengthening local decision-making, promoting equity and inclusion, and fostering trust in response actors.

The Community Engagement and Accountability Impact Framework has 6 layers (or logic elements):

Layers of the Community Engagement and Accountability Impact Framework	Description of the layer
Impacts	Strategic goals
Outcomes	Transformative results contributing to strategic goals
Intermediate results	Results at community level, bolstering out-comes
Outputs	Immediate results of Community Engagement and Accountability activities
Activities	Community Engagement and Accountability interventions or approaches
Cross-cutting themes <i>Note: Cross-cutting themes are not visualized in the diagram below.</i>	Localization, environmental considerations, and national society development (institutionaliza-tion)

Below is the Community Engagement and Accountability Impact Framework.





## Example from the Impact research: Guatemala

The Impact research in Guatemala highlighted the community-led action outcome. A group of women within a local association was boosted through the programme activities. This association helped to spread word about Covid-19 - enabling community-led programmes and initiatives, to continue or start transformative changes.

Investigación sobre el impacto del enfoque de participación comunitaria y rendición de cuentas en emergencias de salud pública – [Guatemala - Un caso de estudio en el marco de la Covid-19](#).



Figure 2: Graphic from the IFRC Impact Research in Guatemala

## Planning your Impact Measurement

The following sections will guide you through some steps to measure community engagement impacts.

The boxes in the text will prompt you to reflect on certain elements. See the accompanying worksheet that can help elaborate on these questions.

**This guidance is organised into 4 parts with 8 steps.**

### Part 1: What do you want to measure and why?

Step 1: Self-assessment of the situation

Step 2: Scope of the impact measurement

### Part 2: Design your impact measurement

Step 3: Determine your questions

Step 4: Design your methods, including indicators

### Part 3: Measure the impacts

Step 5: Collect data

Step 6: Analyse

Step 7: Report and validate results

### Part 4: Use your impact measurement results

Step 8: Disseminate results to managers

Step 9: Adapt programmes as needed



Part 1: What do you want to measure, and why?

Step 1:  
Self-assessment of the situation - What is your intervention’s context?

Context means the characteristics or features of the setting of the community, including space, place, people and things, where the programme is taking place. These have an influence on the programme and how it works. Context is dynamic, meaning that it changes over time.

We may be interested in measuring impacts of community engagement in different humanitarian contexts, including those of vulnerable or hard-to-reach groups, or the communities we are aiming to reach with our interventions.

To understand our context, we have several important ways of knowing that we can draw on:

- Literature review (rapid or comprehensive) to understand what is already known about the context.
- Context analysis to pull from different sources and understand the broader environment in which the community lives. An ongoing exercise that should be regularly updated.
- Reflection on your positionality - are you a supporting organisation, a National Society, or community-based organisation or community group? This will impact how you view and influence the context.

See the CEA Guide (pg. 40-41) and the Tool 13: CEA in assessments

Your Community Engagement and Accountability intervention or programme, at the center of the diagram, is influenced by different sides of a context.

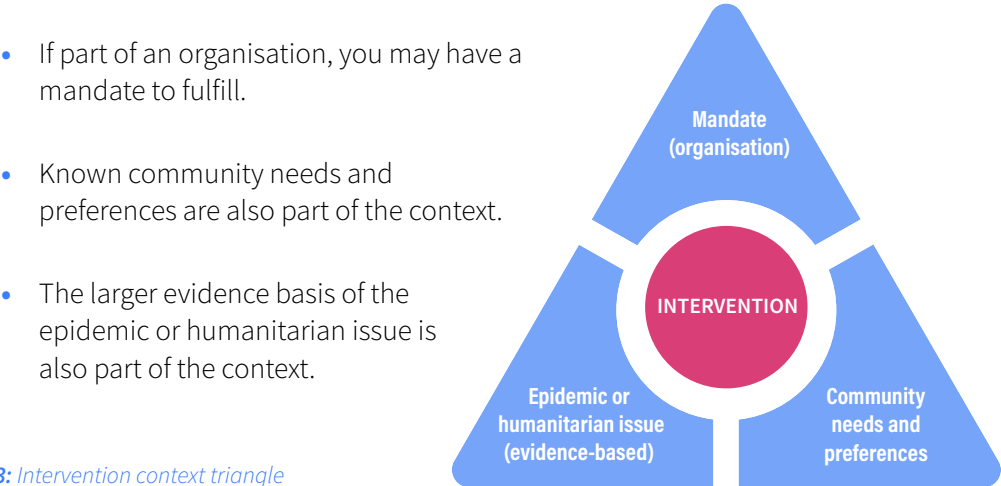


Figure 3: Intervention context triangle

The table on the next page can help to systematically reflect on our context. It lists different features often considered in a context analysis, and gives examples.

Contextual Features	Examples
Political	<ul style="list-style-type: none"><li>• Political stability</li><li>• Power dynamics and decision-making structures</li></ul>
Population health	<ul style="list-style-type: none"><li>• Health system characteristics and structures</li><li>• Legacies and historical events affecting trust</li><li>• Experiences and perceptions concerning health interventions</li><li>• Beliefs and information or misinformation around health</li><li>• Access to healthcare</li></ul>
Economic	<ul style="list-style-type: none"><li>• Access to cash or credit</li><li>• Emergency assistance and other resources</li><li>• Income and education</li></ul>
Social	<ul style="list-style-type: none"><li>• Demographics (education levels, age distribution, etc).</li><li>• Cultural norms</li><li>• Values, trends and tastes</li><li>• Health literacy</li></ul>
Technological	<ul style="list-style-type: none"><li>• Access to technology and capacity/ability to use it</li><li>• Communication channels available</li></ul>
Legal	<ul style="list-style-type: none"><li>• Structural or systemic violence and discrimination</li><li>• Health and safety regulations and labour laws</li></ul>
Environmental	<ul style="list-style-type: none"><li>• Geography and location</li><li>• Environmental risks and resiliency factors</li></ul>

WHY CONTEXT IS IMPORTANT: AN EXAMPLE FROM THE PULSE STUDY

Vaccine delivery programmes face specific implementation challenges due to the many possible contexts:

- The nature of the humanitarian situation and response (e.g. conflict zone, climate change or natural disaster, rural or remote area)
- Type of vaccine (new or well established, single or multi-dose, research trials,)
- Type of vaccination (emergency, campaign or routine vaccination; vaccination strategy such as ring vaccination)

The PULSE Study in Dire Dawa, Ethiopia and Kano, Nigeria, engaged Red Cross National Society field staff around how their Covid-19 vaccination intervention (part of the Saving Lives and Livelihoods program) fit with other vaccination programmes.

It was important for the study team to understand the bigger ecosystem of community engagement around vaccination programmes, including how different programmes impact each other. They could also better understand how community engagement could be adapted to respond to new emergencies or campaigns, including measles or cholera vaccination.

*Box: Which elements of your programme and community context could influence your impacts?  
See the worksheet to fill in elements of your context.*

## Step 2:

# Scope of your impact measurement

### Describe your programme. What are you measuring?

To measure impact, it is essential to first describe what we think is causing the impact. As a community engagement practitioner, you may have a good idea of the activities already underway. As someone planning community engagement, you have some form of plan (formal or informal, official or not) for your activities. This will likely include:

- A list of different activities you are planning or implementing
- Their scale (including the size of the programme, and how many people you're intending to reach)
- The programme scope (the sum of the boundaries, goals and deliverables of your programme – what's included and what's not included)

The full description of our programme or intervention, including the activities, their intended or actual results and impacts, measurement questions, and the contextual influences on activities and results, are often reflected in a simplified framework, to provide a quick visual understanding of how a programme works or is intended to work. In this document, we call this framework a **Theory of Change**.

*NOTE: please do not recreate what already exists! As part as your programme management, you may already have a theory of change, program logic model, workplan, results framework or a log frame that you can refer to, to fill this part.*

Describe your programme, using the worksheet in this guidance and questions about activities from earlier sections.

Whether your programme is planned, underway or has ended, include the following details in its description:

- Its timeline and duration (when it started and ended, and any milestones or significant events)
- Scope and scale (who the programme is reaching)
- Dose or intensity (the time or quantity that each participant would receive)
- Mode of delivery
- Any essential processes
- Any changes to the activities or adaptations made, and why these were made

*Box: What are the major activities done or that you will do? What is their scale and scope?*

Each activity that is planned also has a goal, whether implicit (known or felt but not necessarily said) or explicit (clearly expressed and written down, for example). Connect the goal or result you hope to see, to each activity. For example, you plan two-way communication activities, including door-to-door field activities by community volunteers. The immediate outputs of the activities are to raise awareness and interest in a recent outbreak in the community, and to address misinformation and misconceptions that arise. During the visits, the community volunteers will also hear about community needs and suggestions. These outputs lead to the intermediate results of increasing community capacities and making the response more relevant and more appropriate, and the outcome of communities adopting and maintaining safe and healthy behaviours to prevent or protect themselves from crises or problems they face (safe and protective behaviours), and the impact of people leading safer, healthier and more dignified lives with opportunities to thrive.

*Box: What is your programme's ultimate purpose or goal? What impact are you aiming to achieve with your work? What are you intending to transform or change?*

*Have these impacts, transformations or changes been discussed with the community, and how does the community define them?*

*What are the signs of this change along the way, in the immediate, intermediate and long-term? At the individual, and community levels?*

*In the worksheet, choose within the impact framework menu and describe in more detail.*

Part 2: Design your impact measurement

Step 3:  
Determine your questions. What do you want to know or show about impacts?

To successfully measure impact of community engagement, it’s good to start with orienting questions. You can use the IFRC Community Engagement and Accountability Impact Framework to build your impact measurement questions.

Write your answer in this box or refer to the worksheet:

Using impact measurement, what do you want to know about your programme? What do you want to highlight?

You may want to use impact measurement to:

Check all that apply	
<input type="checkbox"/>	Answer questions about whether a programme’s activities, outputs, intermediate results, outcomes or contributions to impacts occurred as expected
<input type="checkbox"/>	Clarify how a programme works to lead to an impact, for whom, and where/when (in what context) – also known as developing a theory of change
<input type="checkbox"/>	Help us know how to build on strengths of our programme, and improve where needed (lessons learned)
<input type="checkbox"/>	Document success stories and new or persistent challenges
<input type="checkbox"/>	Produce information that helps to motivate our communities, volunteers, staff and partners
<input type="checkbox"/>	Understand a programme’s effectiveness, sustainability, appropriateness or alignment with another value or principle

See the Impact Measurement Questions Menu tool to select from potential impact measurement questions, and understand the corresponding methods, tools and layers of the Impact Framework that connect to the questions.

Example of the Community Engagement and Accountability Impact Framework: Red Cross Red Crescent Community Engagement and Accountability (CEA)

The Red Cross Red Crescent Community Engagement and Accountability Guide (IFRC and ICRC, 2021) draws the connection between the implementation of participatory approaches and the success of health, water, sanitation and hygiene (WASH) and disaster risk reduction behaviour change programmes. For example we could think of community engagement activities and approaches within community health, water and sanitation or climate programmes or as part of the response to a health emergency (mpox or COVID19):

- **When we map the community engagement approach onto the Impact Framework, we see that this theory of change is reflected:**
- **Impact:** The programme supports people affected in the community to lead safe, healthy and dignified lives, and have opportunities to thrive.
- **Outcomes:** The programme aims to increase uptake of safe and protective behaviours, support greater community-led action, and coordinate a more efficient response.
- **Intermediate results:** The outcomes are supported through increased community capacities, relevant and appropriate response, and supported community systems.
- **Outputs:** This is done by raising awareness and interest, strengthening knowledge and skills, addressing misinformation and misconception, raising community needs and suggestions, understanding social context, supporting local initiatives and addressing issues from community to programme.
- **Activities:** These outputs are created by mass communication, two-way communication, community participation, community-based activities, research and data, capacity strengthening and coordination and advocacy.

The graphic below highlights the relevant parts of the Impact Framework that are part of the theory of change for this programme. In this example, we focus on only part of the framework.

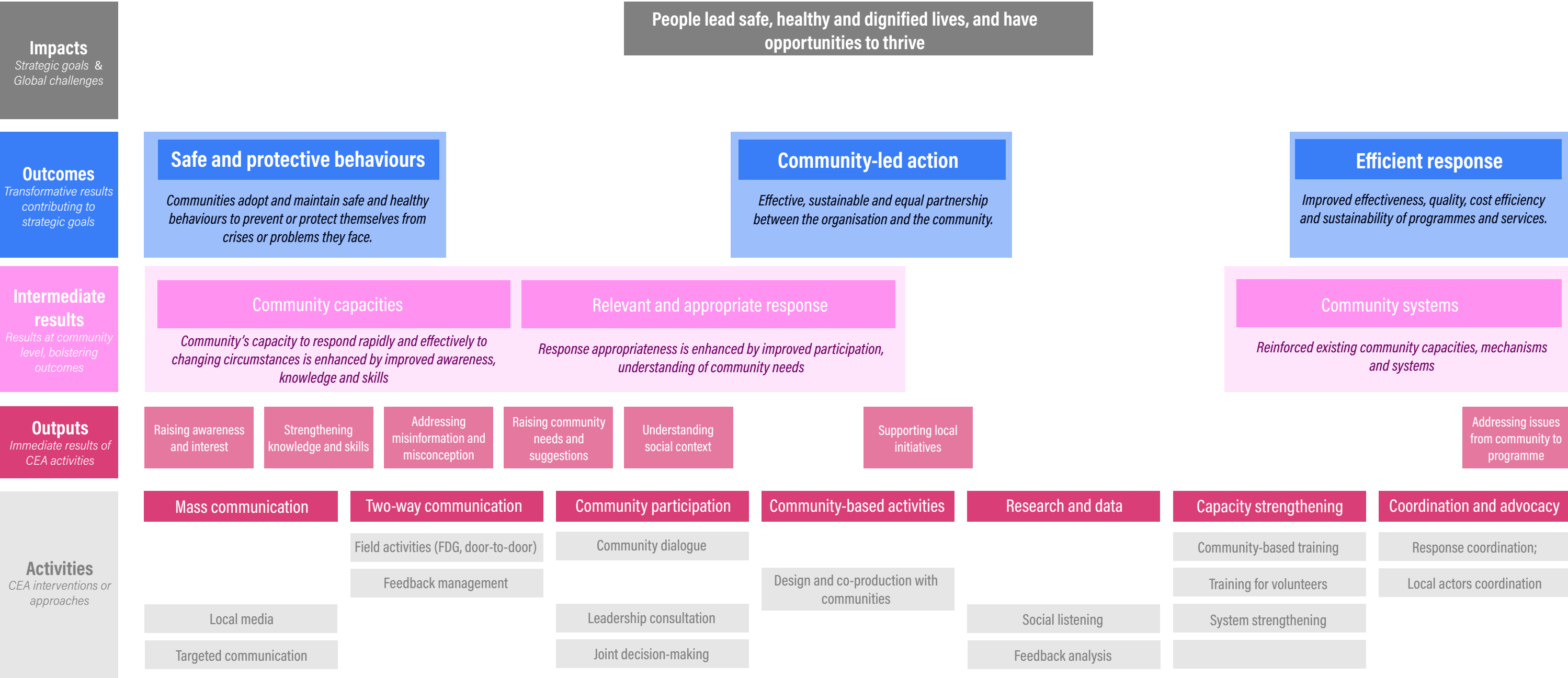
*Refer to figure 4: Example of using the Impact Framework*

The Impact Research found that Community Engagement and Accountability supports behaviour change programmes and risk communication by:

- Deepening understanding of the community beliefs and perceptions (e.g. beyond one specific behaviour of handwashing, to understand power dynamics influencing multiple behaviours)
- Communicating about the programme aims and activities – not only behaviours or risks
- Strengthening community participation and supporting community-led solutions
- Setting up community feedback mechanisms
- Amplifying social mobilization efforts through mass media and digital communication
- Training staff and volunteers on community engagement and accountability

This helps understand how and why Community Engagement and Accountability has the outcomes and impacts that it does, or in some cases, why it doesn’t.

Using the Impact Framework



**Building your impact measurement questions:**  
**How does your programme align with the Community Engagement and Accountability Impact Framework (IFRC) outputs, intermediate results, and outcomes?**

*See the worksheet accompanying this guide, to place your intervention within the CEA Impact Framework and build your theory of change.*

Your impact measurement questions can be about any of the layers of the framework, and their connections. In the questions menu tool there are some examples of questions for impact measurement that can help.

*Box: What is your impact measurement question?*

**Select your indicators**

Once you have listed the outputs, intermediate results and outcomes you expect your programme to impact, it’s important to select indicators for each. An indicator is simply a signal of whether something happened, and how much. For example, the volume of water in a measuring cup can be an indicator that it rained, and how much it rained, over a certain period of time in a specific area.

To measure impact, your indicators need to signal whether and how much key changes occurred. Pick indicators that make sense for your programme and your context. Return back to the Impact Framework and the outputs, intermediate results, outcomes and impacts of your programme (your theory of change). Your impact measurement should prioritize indicators that match with the theory of change of your programme.

Your indicators are important because they will help you to choose your methods. Your indicators will determine the types of data needed, which will guide your choice of data collection and analysis methods and tools.

**Some tips:**

- Think about what each indicator would mean or look like in your context (try to describe it).
- Check that each indicator corresponds to your impact measurement question.
- Think about indicators to measure at each level of your impacts: include

indicators of the outputs that are on the path to the outcomes and impacts. These links between levels need to be locally defined because they depend so much on the context and mechanism in the local setting.

- Consider the direction of change for the indicator – an increase, a decrease, and how much (this information is likely available in programme plans).
- Try to choose a balance between objective indicators (based on facts, verifiable by repeat physical measurements, for example a medical diagnosis, count of number of participants, completion rate or test scores) and perception-based indicators (self-rated or self-reported indicators, subjective perceptions and opinions).
- Consider the timeframe of your indicators. For example, some impacts may take years or decades to become measurable (for example, prevention of chronic disease outcomes in children). Try to prioritise indicators that are measurable, and accept that a comprehensive measurement of impact is often not possible or practical.
- You may have come across common indicators during your context analysis or within literature reviews, in Step 1 of this guidance. Consider connecting these to your theory of change, whether a baseline is already available to make comparisons over time, and whether the indicator should be more localised or adapted.
- Keep in mind that measuring the process and quality with which activities took place, and the contextual factors, is equally important as measuring the impact and outcome indicators. The process, quality and context can explain why or why not a certain impact did or did not occur. These process indicators are well-established and can be found in the RCRC CEA Guide, and adapted from the Core Humanitarian Standards, and WHO RCRC Competency Framework.
- Include indicators of longer-term sustainability, including for community-led health initiatives

**For more support on community engagement indicators, see the following resources:**

- RCRC CEA Guide
- IFRC Evaluation Guide
- Social Science Toolkit: Module 4 on Implementation of social science research approaches
- IFRC Impact Indicators for Community Engagement and Accountability ANNEX: includes indicators and their definitions (in draft). These indicators focus on the outcome level of the Impact Framework, measuring outcomes by using both quantitative and qualitative data.
- IndiKit’s Guidance on SMART Indicators for Relief and Development Projects (<https://www.indikit.net/>)
- UNICEF Social and Behaviour Change Monitoring and Evaluation Framework: includes indicators for community-led action and community cohesion

Here we have two examples of indicators that correspond to one piece of the Community Engagement and Accountability Impact Framework.

Outcome Measurement	Outcome definition	Indicator	Indicator definition
<b>Trusted action</b>	Communities perceive the actors as competent, and their values align	Stories of Most Significant Change in the area of Trusted action <ul style="list-style-type: none"><li>Percentage of community members who experience the organization as competent</li><li>Percentage of community members whose values align with those of the organization providing the support</li></ul>	See IFRC Impact Indicators for Community Engagement and Accountability ANNEX
Process Measurement	Process definition	Indicator	Indicator definition
<b>CEA Minimum actions</b>	See CEA Guide pg. 22-23  Module 2: Movement-Wide Commitments for Community Engagement and Accountability	<ul style="list-style-type: none"><li>Progress on the minimum actions and guidance to institutionalize community engagement and accountability</li></ul>	Minimum actions planned or taken: <ul style="list-style-type: none"><li>Institutionalization (/4)</li><li>Programmes (/14)</li><li>Emergencies (/10)</li><li><a href="#">CEA Toolkit: Tool 7 M&amp;E Tool</a></li></ul>

## Step 4:

### Design your methods

Once your theory of change is established and your indicators are selected, co-design your data collection and analysis methods with communities<sup>1</sup>. Use community engagement and accountability approaches to hold meetings, consultation sessions and engage local community researchers in your impact measurement design.

METHOD	METHODOLOGY
A method is a series of steps and structured way of conducting a process, for example data collection or analysis. These steps can be clearly explained to someone else, and are often documented in a Standard Operating Procedure (SOP) or protocol. Tools help support a method to be consistent and clear.	A system or set of methods working together to answer an impact measurement, research or evaluation question.

Key terms for this section are:

- Implementation evaluation (also called process evaluation), describing how a programme was carried out
- Mechanisms of change, which are the underlying processes or force that cause an impact, activated when in a certain context
- Impact measurement, or outcomes measurement, is the qualitative or quantitative assessment of impact based on measured observations (using structured methods and tools) with a basis in theory and evidence

**To design our methods, we will ask:** How do we answer our impact measurement questions? And how do we know when we have answered them?

Your path will depend on the resources and capacities that you have available, the stage of your programme (whether it is beginning, in progress, or wrapping up) and the level of impact measurement you need.

#### Path 1: In-house impact measurement

Measuring community engagement impacts in-house (within your community engagement programme) can be a relatively quick and practical way to understand how your process is working, how to course-correct, demonstrate accountability and provide motivating updates to community and colleagues. Using your existing knowledge of the programme and some available resources, it's possible to “internally” measure impacts. The benefits of this impact measurement can be especially useful in the design and planning stages of

<sup>1</sup> **RCRC CEA Guide:** Steps to engage communities in programme planning and build ownership. pages 51-53.



your programme, to develop a theory of change, or at some mid-point of the programme. In-house impact measurement will rely on your collection of primary data – i.e. data about the programme and its impacts, that you or your team have collected yourselves.

**Path 2: Engaging monitoring, evaluation or research colleagues or consultants**

Another possible path is to outsource your impact measurement to monitoring, evaluation or research colleagues or consultants. This may be more suitable for large-scale impact measurements, or as part of a final programme evaluation. Impact measurement can be integrated in regular monitoring and evaluation activities in collaboration with colleagues, or commissioned and managed as a distinct project with Terms of Reference. This approach can tend to take more time, since it involves more stakeholders and potentially hiring consultants or commissioning a project. This greater collaboration will likely result in a mix of primary data collected directly by the team for impact measurement, and secondary data, including routine monitoring data.

COMPARING TWO PATHS FOR IMPACT MEASUREMENT		
	In-house/internal impact measurement	Impact measurement with monitoring, evaluation or researchers and consultants
Aim	Measure community engagement impacts at the local community level	
Advantages	<ul style="list-style-type: none"><li>• Quicker</li><li>• Requires less staff resources</li><li>• Can be done internally using existing capacity and expertise</li><li>• Can save time since programme staff already know the programme well and have existing relationships</li><li>• Can be a foundation for more in-depth impact measurement through monitoring and evaluation</li></ul>	<ul style="list-style-type: none"><li>• More robust</li><li>• Can be done independently (with less risk of bias) by a more neutral collaborator</li><li>• Impact measurement can be integrated in wider monitoring and evaluation frameworks</li><li>• May have wider-reaching implications that benefit other communities or organizations</li><li>• More appropriate if we want to understand impacts of a highly complex programme across many sites and implementers</li></ul>
Timeframes	<ul style="list-style-type: none"><li>• Ideal if used when designing a programme, or in its early stages of implementation</li></ul>	<ul style="list-style-type: none"><li>• Longer timeframe to involve colleagues, consultants</li><li>• May be more appropriate at the end of the programme cycle</li></ul>
Resources	<ul style="list-style-type: none"><li>• Less costly if relying on existing resources and taking less time</li><li>• Build and highlight capacity by sharing expertise within the organization</li></ul>	<ul style="list-style-type: none"><li>• PMER, M&amp;E or PMEAL teams</li><li>• Research partners (academic institutions and consultants)</li><li>• Can bring in specialized technical expertise and build capacity within local teams</li></ul>

**Whichever approach you choose, remember the following:**

- Always include volunteers and local capacity-building in your impact measurement
- Always include validation and sharing back with community (closing the loop)
- Co-design the process with the community
- Ensure that you have the resources (expertise, time, and a team) to conduct the impact measurement at a high quality
- Ensure that community engagement standards, humanitarian standards and ethical principles, including confidentiality, transparency/informed consent, and “do no harm” are followed throughout the process
- All methods have biases and limits. Plan to address through triangulation with other methods or indicators
- Make a plan for how your findings will be shared and used by decision-makers

Helpful resources for more advanced impact measurement and evaluation include the [IFRC Evaluation framework](#). For more information on closing the loop and ways to share findings with communities, see the IFRC Feedback Kit ([Feedback Essentials](#), pg. 34).

**Methodology options**

Your path and methodology will depend on your resources and timeline. Use the checklist below to choose between some sample methodologies to measure impact.

See also the **Collective Service Social Science Training**, which includes a module on [Localised research: Designing operational social science research that is responsive to communities](#). A corresponding handout with a sample Terms of Reference for a research consultancy is included as a handout to this guidance.

The table on the next page can help you choose your methodology based on your impact measurement timeframe, resources available and whether you are measuring in-house or outsourcing.

BEST PRACTICES TO KEEP IN MIND: From the PULSE Study and the Red Cross Red Crescent Community Engagement and Accountability Guide (page 72)	
<ul style="list-style-type: none"> <li>• <i>Localise your impact measurement – what will work best to measure impacts in the community context?</i></li> <li>• Communities are the experts in their own experiences – how they define, understand and value different impacts matters.</li> <li>• Include some methods of data collection that allow for open conversation to capture aspects that may be missed in surveys</li> <li>• Collect disaggregated data to understand the experience of different groups and if anyone was underserved or excluded</li> <li>• Rely on your community member peers to help – volunteers, colleagues, leaders and partners who are trusted by the community.</li> <li>• Use impact measurement itself as a community engagement and capacity-building process - community-based volunteers (CBVs) can be trained to collect, collate and analyse impact data effectively</li> <li>• Try to capture the impact community engagement approaches had on the quality of the programme and relationship with the community. For example, did the feedback mechanism help to identify and solve problems more quickly or did participatory approaches help the programme to benefit from stronger community input?</li> <li>• Use similar questions to those in the programme baseline and monitoring to allow for changes over time to be tracked.</li> </ul>	

### Measuring a baseline

- Measuring a baseline means recording your indicators before a programme starts
- By measuring at the beginning (baseline) and at the end (endline) of a programme, and possible in between (a midpoint or another milestone), we can have a stronger sense of the true impact our programme is having. Many different sources of unintentional bias can come into play when measuring impact retrospectively versus in real-time. For example, someone may not remember their level of knowledge at the start of the program 1 year ago (also known as recall bias). It’s best to collect indicators when they are fresh.
- For an emergency operation, there is often not the time or the means to collect a baseline, since people are on the move or trying to meet basic needs. The baseline can be approximated using existing data sources.
- Wherever possible, it’s important to keep some indicators of demographics connected together with the indicators of impact. This will allow to disaggregate results (for example, zoom into the specific impacts among youth, who may have different impacts than elders).

Timeframe	Methodology (set of methods and tools)	
In-house approach: quick, local tools		
While planning and designing a programme	<ul style="list-style-type: none"><li>• Draft impact theory of change</li><li>• Qualitative key informant interviews</li><li>• Qualitative focus groups</li><li>• Community feedback trends</li><li>• Context analysis</li></ul>	<p><i>Do you have at least 1-2 weeks time to dedicate?</i></p> <p><i>Do you or someone on your team have experience in at least 2 aspects of the methodology?</i></p> <p><i>Do you have resources to support with any methodological questions?</i></p> <p><i>Do you have a good understanding of the programme context and the needs it is aiming to address?</i></p> <p>Do you have access to a space to gather an impact evaluation team?</p> <p><i>Do you have a small budget to hold 4-5 meetings and trainings?</i></p> <p>Are you able to contact potential participants, partners or community members?</p>
In an ongoing programme	<ul style="list-style-type: none"><li>• Draft impact theory of change</li><li>• Qualitative key informant interviews and focus groups</li><li>• Review of operational statistics and community feedback trends</li><li>• Participant pre-post survey</li><li>• Community feedback trends</li><li>• Citizen ethnography</li><li>• Context analysis</li></ul>	<p><i>Do you have at least 2-3 weeks time to dedicate?</i></p> <p><i>Do you or someone on your team have experience in at least 2 aspects of the methodology?</i></p> <p><i>Do you have resources to support with any methodological questions?</i></p> <p><i>Do you have a good understanding of the programme, its context and the needs it is aiming to address?</i></p> <p><i>Do you have access to a space to gather an impact evaluation team?</i></p> <p><i>Do you have a small budget to hold 4-5 meetings and trainings?</i></p> <p>Are you able to contact programme participants, partners and community members?</p>
Collaborative impact measurement with research, monitoring and evaluation colleagues		
At any time during programme delivery	<p><b>Sequential mixed methods approach:</b></p> <ul style="list-style-type: none"><li>• Programme theory of change development through workshops</li><li>• Most significant change: Key informant interviews and focus groups</li><li>• Knowledge, attitudes and practice (KAP) survey, Perception Survey, or Community Trust Index with repeated measurement (before, during and after programme)</li><li>• Detailed case studies</li><li>• Community feedback trends</li><li>• Operational and population indicators, including from partners</li></ul>	<p><i>Do you have several months to dedicate to planning, commissioning and supporting the measurement?</i></p> <p><i>Do you or your colleagues have experience in at least 2 aspects of the methodology?</i></p> <p><i>Do you have resources to support with any methodological questions?</i></p> <p><i>Do you have a point of contact for monitoring and evaluation?</i></p> <p><i>Do you have a good understanding of the programme context and the needs it is aiming to address?</i></p> <p><i>Do you have access to a space to gather your impact evaluation team, and a reasonable budget to hold the required number of meetings and workshops (for training, data collection, analysis, validation, presentation of results)?</i></p>
At the end of a programme (final evaluation)	<p><b>Parallel mixed methods approach</b></p> <ul style="list-style-type: none"><li>• Most significant change: Key informant interviews and focus groups</li><li>• Knowledge, attitudes and practice (KAP) survey, Perception Survey, or Community Trust Index with retrospective measurement</li><li>• Operational and population indicators, including from partners</li></ul>	<p><i>Are you able to contact current and past participants or community members?</i></p> <p><i>Do you understand the local and national ethics approval requirements, if needed, for research projects?</i></p> <p>Do you have leadership buy-in for the measurement?</p>

Ethical principles and humanitarian standards

Ensure that throughout your impact measurement, key ethical and humanitarian principles are respected. See the Collective Service [Ethics in operational research module](#), and the [Core Humanitarian Standard: Nine commitments to people affected by crises](#). See also the IFRC Feedback Kit [Module 5: How to handle sensitive feedback](#) for guidance on processes to implement these principles while measuring impact, including through community feedback.

A short summary is below:

Ethical principle	Core Humanitarian Standard
Respect for persons <ul style="list-style-type: none"><li>Informed consent</li><li>Right to withdraw</li><li>Privacy and confidentiality</li></ul>	People affected by crisis: <ol style="list-style-type: none"><li>Can exercise rights and participate in decisions</li><li>Access timely and effective support</li><li>Are better prepared and more resilient</li><li>Access support that does not harm people or environment</li><li>Can safely report concerns and complaints</li><li>Access coordinated and complementary support</li><li>Access support adapted based on feedback</li><li>Interact with respectful, competent and well-managed staff</li><li>Can expect ethical and responsible management of resources</li></ol>
Do no harm <ul style="list-style-type: none"><li>Assessment of risks and benefits of impact measurement</li></ul>	
Justice <ul style="list-style-type: none"><li>Selection of diverse participants</li></ul>	

Qualitative, quantitative, or mixed methods?

It’s advisable to mix qualitative and quantitative methods and tools to strengthen your impact measurement and understand how your programme works and how to reproduce its impacts. Some cautions when mixing methods:

- Do use different methods to answer your impact question from different angles or perspectives
- Do use methods in sequence, or in parallel
- Do ensure clear, comprehensive training for data collectors, explaining the differences between methods if multiple methods are used. Don’t forget to plan refresher trainings if needed and to check for comprehension
- Don’t try to mix data analysis, for example by quantifying qualitative data, or by qualifying quantitative data. They are two different approaches.
- Do triangulate your findings (for example, triangulate 2 qualitative methods like focus groups and ethnography, with a quantitative survey)
- Do build in enough time to reflect on findings, and discuss with community teams and your colleagues about their validity and implications

- For more support on mixing methods for operational social sciences, including impact measurement, see the [Collective Service Social Science Training Module 4, Session 4.7: Mixing different methods to produce quality evidence to inform action](#).

Box: What methods will you use for your impact measurement?

Qualitative methods and their tools:

Quantitative methods and their tools:

Once you choose your set of methods, revisit your scope again

Once you look at your chosen set of methods, take a bigger picture view and think about the scope. What are the boundaries of your impact measurement, and are the methods you have chosen realistic given your available resources?

Consider bringing in external support if it’s a complex methodology or you don’t have the resources. Or, scale down your plan to the necessary components to take on in-house, rather than including the nice-to-have elements. This can also be a good opportunity to share and update leadership and colleagues about the impact measurement plan.

If you need to bring in additional supports, reach out to local social science networks, monitoring and evaluation colleagues, and organisations including IFRC, PULSE collaborators, or other partners for support.

Develop your tools for data collection

Once you have your impact measurement scope confirmed, and your methods outlined, you may find it helpful to choose from some standardized tools for measuring impacts of community engagement. You may also have your own preferred tools that you already use, or that you wish to adapt. Some tools can be found in:

- [The Community Trust Index](#)
- [The IFRC Feedback Kit](#)
- The Annex to this guidance

Once you have chosen your tools, it’s important to test them with 1-2 staff or community members; train your data collection team to use the tools; and plan the logistics of data collection.

Develop your analysis plan

All data collected to measure impacts will need to be analysed to draw out trends, meaning and conclusions. Think about how you will analyse the data collected through each method and from each tool. Use the IFRC Community Engagement and Accountability Impact Framework to inform your analysis plan. Plan to make intra-programme comparisons (comparisons across different groups involved in the programme), and comparisons over time, if you are taking repeated measurements.

Data parties, transect walks, most significant change, photovoice and other participatory analysis methods might be useful approaches. Analysis and interpretation are important to add context and weight to impact indicators. It’s important that impact measurement findings also reflect community values and opinions around significant impacts of the programme.

By planning your impact measurement data collection methods, tools and analysis, you’ll be able to more easily adjust the scope of your project and, if needed, course-correct.

Part 3: Measure the impacts

Step 5:

Collect data

Once your plan is in place, and you have the needed buy-in and agreement or approvals, the work of collecting, analysing and preparing your results can be underway!

During data collection, it’s important to continue to monitor for data quality, respect of humanitarian and ethical principles, and proper data storage and custodianship. Be sure to take note of possible sources of bias, and any changes that are made to the data collection plan. Analysis can start once data has been collected; the two steps can occur in tandem.

Example of Collaborative Research: PULSE Implementation Study

The PULSE Study in Kano, Nigeria and Dire Dawa, Ethiopia, used realist and process evaluation approaches to understand and measure impacts of community engagement on the uptake of vaccines, a complex public health intervention. The research team took a co-creative approach, meaning that community members and Red Cross staff and volunteers were directly involved in the data collection and analysis.

The study used qualitative participatory and ethnographic methods to build a theory of change for the intervention, and understand and measure its impacts. Methods deployed were:

- Qualitative participatory workshops to build the theory of change
  - › Key informant interviews
  - › Group Model Building, including causal loop diagram exercises
  - › Power mapping workshops
- Theory of change workshops to discuss intended outcomes of the programme
- Rapid ethnographic research methods
  - › Citizen ethnography

Example of Collaborative Research: PULSE Implementation Study

For the analysis, the PULSE research team used a realist process evaluation framework for complex public health interventions:

- Implementation: what was delivered in practice?
- Mechanisms of impact: how did the intervention bring about change, and how could this be replicated in other contexts or other emergencies?
- Context: including the range of local dynamics, relationships, policies, that service as barriers or facilitators to community engagement in this intervention

First, processes were described, using data collected from the interviews and citizen ethnography. After a first analysis of these findings, group model building (causal loop diagrams) allowed the team to visualise and identify the barriers and facilitators to vaccination uptake and pathways to impact, which helped identify the areas of opportunity to further promote positive outcomes (system bottlenecks and leverage points).

Power mapping workshops were used to identify power dynamics and to understand how community structures, gender dynamics, relations with health workers, humanitarian actors and broader political and conflict dynamics influence implementation of community engagement efforts and vaccine deployment.

Step 6:

Analyse and prepare results

When analysing the results of your impact measurement, follow your analysis plan, keeping note of any changes or adaptations you make.

Be sure to keep track of sources of bias (whether from your own positionality, context or perspective; or from the data source or data collection).

As you analyse your data and update or measure your indicators, and begin to come to some conclusions, be sure to triangulate your findings with various and diverse data sources.

Triangulation

Triangulation is the practice of combining multiple sources of data or multiple approaches to analyzing data to enhance the credibility of your impact measurement.

During an emergency or crisis, an overwhelming amount of different information is produced. Triangulating this information can help us get to a broader and deeper understanding of a particular issue that does not rely too heavily on one methodological approach, theoretical perspective, researcher’s viewpoint or data source. By triangulating, we can capture different aspects of the same topic to give a more detailed and balanced picture, and increase the accuracy and trustworthiness of the results. Bringing together multiple data sources can help to make your impact measurement stronger and more compelling, to explain or reveal trends, and explain the reasons for impacts or potentially lack of impact.

There are different types of triangulation:

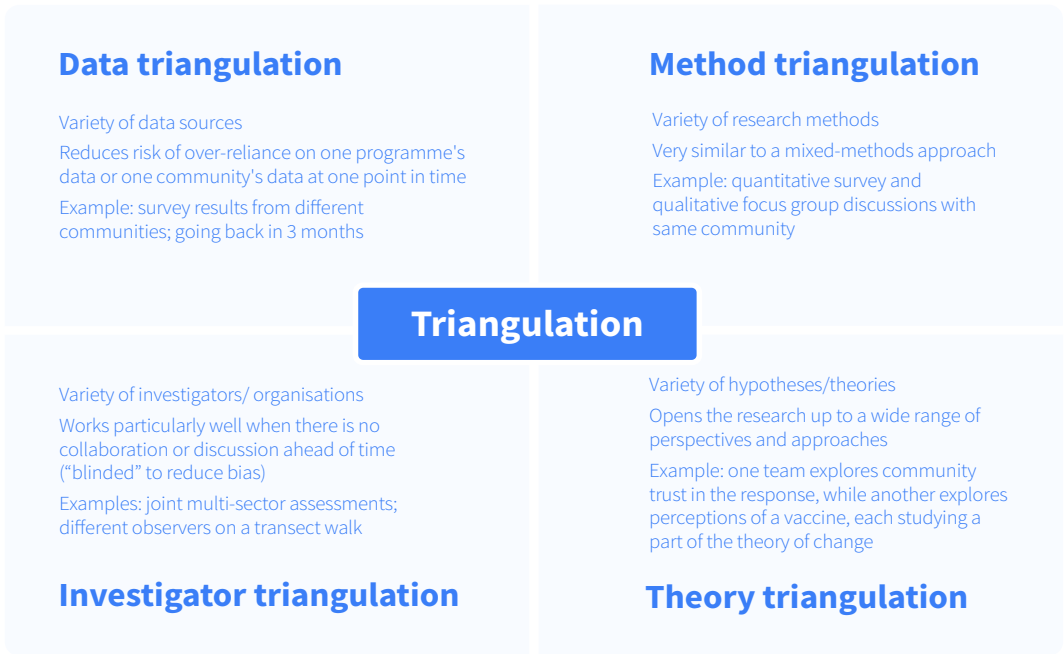


Figure 6: Four types of triangulation. Adapted from Red Cross Red Crescent Social Science Training

How to triangulate:

- Hold discussions with community members, colleagues and other partners who know the context and can help understand the situation.
- Meet with those who collected the information to ensure their analysis informs the interpretation of the findings and the formulation of recommendations (especially if your team did not directly collect the data)
- Combine the findings with other operational data, including needs assessments, monitoring data, security incidents, epidemiological data, staff surveys, etc.
- Look at other official reports and articles to help contextualise and explain key trends in the feedback data. This can include internal and external reports, social science research, local media, scientific articles, etc.
- For more practical steps, refer to the Collective Service Social Science Training and ask for support from monitoring and evaluation colleagues

Key questions to ask during triangulation are:

1. Can the main findings be confirmed or explained by other information sources and forms/methods?
2. Can other data sources explain the reasons for certain concerns or perceptions?
3. What does this mean for the humanitarian response, the community, and other actors involved?
4. Are there topics that are not clear and need to be further explored?

# Step 7: Report and validate results

Whether you measured impacts in-house or in collaboration with a larger team of evaluators or researchers, sharing the results is the most important step in impact measurement. By sharing the results, you ensure that your efforts to measure impact can be fruitful and plant seeds for future programmes. You can inspire others and bring them on board to understand the essential contribution and added value of community engagement towards more impactful humanitarian and public health responses.

When sharing your results, go back to your initial impact measurement questions – what is your answer?

Validating results, or checking how they are understood, with the community, data collectors and with managers and leadership is a key step of reporting. Validation can be done through [validation meetings](#), community feedback presentations and stakeholder consultations.

You can present results as a Theory of Change, as a case study or case story, or as part of a larger impact report. Dashboards can help to visualise impacts and monitor progress.

See the example below of how the PULSE Implementation study results were visualised in a Theory of Change.

The IFRC Feedback Kit and Collective Service Social Science Training include modules on how to effectively report results, close the loop with communities and translate knowledge.



## Step 8:

### Disseminate results

Once your results are validated and ready, share them with key stakeholders in appropriate formats. Share the impacts of your programme with managers, with the community, and with any other interested parties, as your capacity allows. Share the impact measurement results and use the information and support institutionalisation of community engagement and accountability activities.

The [IFRC Feedback Kit](#) (Stage 4: Sharing and Acting on Feedback) includes tools to help communicate results to different audiences:

- Feedback tool 27: Identifying the right format for your audience
- Feedback tool 30: Inter-agency or inter-office sharing of feedback highlights

See the Collective Service Social Science Training modules on how to effectively report results, close the loop with communities and translate knowledge. See Module 5 on [Evidence synthesis, interpretation and dissemination](#), session 5.3 [How to communicate and present research to different audiences](#); and Module 6 on [Translating knowledge to action](#).

## Step 9:

### Adapt programmes as needed

Lastly, together with the community and with colleagues, use the findings of your impact measurement to adapt your programme as necessary to sustain or increase positive impacts. For example, you may decide to increase resources towards a certain aspect of a programme, provide refresher trainings for volunteers, or propose a new programme.

See the [Collective Service Social Science Training Module 7 on Tracking the uptake of socio-behavioural evidence](#), and the [IFRC Feedback Kit tools](#): Feedback tool 32 Community feedback action tracker and Feedback tool 31 Developing an action plan for addressing community feedback.

#### HOW THE PULSE STUDY USED RESEARCH AND THE IMPACT FRAMEWORK TO DEVELOP A THEORY OF CHANGE

##### Is the messenger more important than the message?: a theory of change for the IFRC risk communication and community engagement intervention for vaccination in Nigeria and Ethiopia (forthcoming)

One part of the PULSE Study, conducted in 2024 in Kano, Nigeria and Dire Dawa, Ethiopia, sought to understand how local Red Cross teams and community members/actors understood the ‘theory of change’ for a risk communication and community engagement intervention in the context of Covid-19 vaccine programs. A ‘theory of change’ is the change created by a program’s activities, and the outcomes that participants experienced as a result. In this case, the activities were risk communication and community engagement activities, creating improved vaccination uptake among participants.

The PULSE Study was a partnership between the London School of Hygiene and Tropical Medicine, University of Geneva, International Federation of Red Cross and Red Crescent Societies, Nigeria Red Cross, Ethiopian Red Cross, Childcare and Wellness Clinics, and the University of Addis Ababa; and funded by the United Kingdom Humanitarian Innovation Hub.

*The study took a realist evaluation approach, asking the question: How is the SLL RCCE intervention (and related IFRC community engagement interventions) expected to work, for whom, under what circumstances, and why?*

other community engagement interventions were taking place, where the vaccination campaigns had some unpredictability and some supply issues, and where there was a legacy of distrust in biomedical interventions.

That ‘messengers’ may be more important than the messages themselves around vaccination. That future work is needed to enhance community co-design of vaccination programmes.

##### Why is it called a realist approach?

The researchers used a realist approach to build a theory of change that reflected the actual implementation of the programs, in their contexts. Rather than reflecting the ideal situation, the research resulted in a theory of change more grounded in the realities of implementation (which is why it’s called a realist approach).

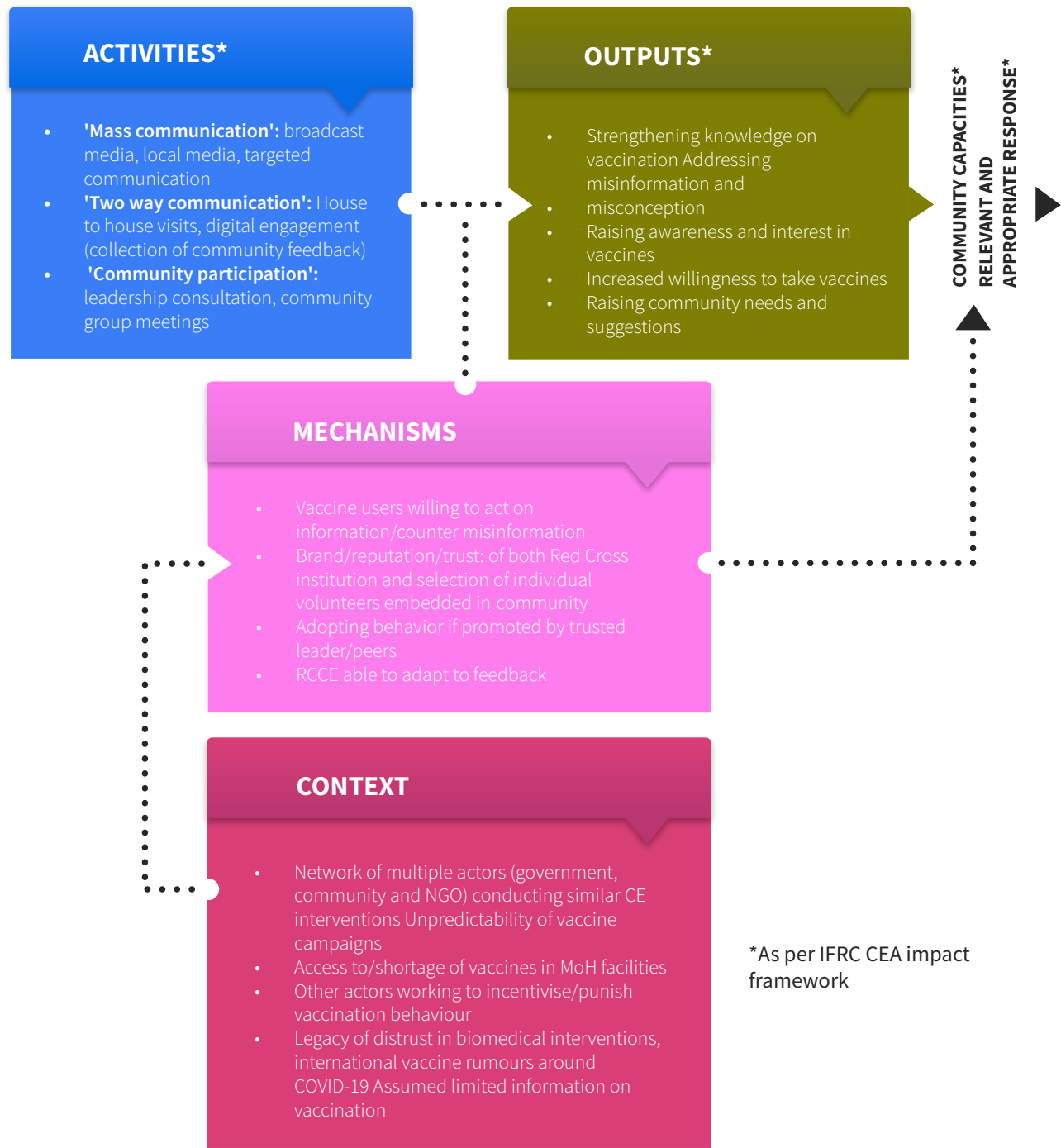
A realist approach uses a framework of Context + Intervention + Mechanism = Outcome, to represent a theory of change.

The theory of change that was identified in the PULSE study is visualized below:



# PULSE Study Theory of Change Visualisation

Realist informed theory of change for IFRC/RC RCCE for vaccination (V3 after workshop)



## What methods were used?

The research used qualitative and participatory methods including:

- Document analysis
- Key informant interviews
- Theory of change workshops
- Power mapping
- Group model building (causal mapping)
- Citizen ethnography
- Using the results from these different methods, case studies were developed.

## What did we learn from the research?

1. How to go about documenting theories of change: The PULSE implementation study models a process for how a theory of change can be developed or validated for other community engagement programmes.
2. That the programme implementers expected that their community engagement intervention activities (disseminating information and correcting rumours on vaccines through various channels, including house-to-house visits, volunteer outreach, engaging opinion leaders and mass media campaigns) would contribute to the outcomes of enhanced vaccine knowledge, tackle misinformation and foster informed decision-making, because of the willingness of vaccine users to act on the information provided and depending on the messenger, their level of influence and credibility, and the ability to adapt messages based on feedback (the “mechanism”). This was influenced by the context where other community engagement interventions were taking place, where the vaccination campaigns had some unpredictability and some supply issues, and where there was a legacy of distrust in biomedical interventions.
3. That ‘messengers’ may be more important than the messages themselves around vaccination.
4. That future work is needed to enhance community co-design of vaccination programmes.

Context	Intervention	Mechanisms	Outcomes
<ul style="list-style-type: none"><li>• Other community engagement interventions taking place</li><li>• Unpredictability of vaccination campaigns</li><li>• Vaccine supply issues</li><li>• A legacy of distrust in biomedical interventions</li></ul>	<p>Disseminating information and correcting rumours on vaccines through various channels, including:</p> <ul style="list-style-type: none"><li>• House-to-house visits</li><li>• Volunteer outreach</li><li>• Engaging opinion leaders</li><li>• Mass media campaigns</li></ul>	<ul style="list-style-type: none"><li>• The willingness of vaccine users to act on the information provided</li><li>• The level of influence and credibility of the messenger</li><li>• Adapting community engagement messages based on community feedback</li></ul>	<ul style="list-style-type: none"><li>• Enhance vaccine knowledge</li><li>• Tackle misinformation</li><li>• Foster informed decision-making</li></ul>

## How can we apply these learnings?

The theory of change can be a resource for humanitarian actors seeking to design and evaluate their programmes, especially in health interventions.

